#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,593

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

1101 02 1	THE TOTAL CHART DELIVITIES	
SONOMA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED	AID CODE 10

SONOMA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT -	- AGED	AID CODE	10		
					MON	THLY AVERA	GE
18,999 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
OMOMAI ALL DROMINERO	13,126		E (3E (33 01				
@TOTAL, ALL PROVIDERS	13,120	174,320 \$	5,635,623.81	•	9.175 \$		
@PHYSICIANS SERVICES	2,487	8,374 \$	.,	\$ 14.19	.441 \$		
OUTPATIENT VISITS	78	149	3,885.41	26.08	.008	49.81	.20
OFFICE VISITS	61	73	2,722.89	37.30	.004	44.64	.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13	772.69	59.44	.001	64.39	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	63	389.83	6.19	.003	64.97	.02
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	9	317.30	35.26	.000	317.30	.02
HOSPITAL VISITS	1	9	317.30	35.26	.000	317.30	.02
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	15	16	761.12	47.57	.001	50.74	.04
EXAMINATIONS	14	15	734.65	48.98	.001	52.48	.04
SERVICES AND MATERIALS	1	1	26.47	26.47	.000	26.47	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.000		
ANESTHESIOLOGIST	•			.00		.00	.00
OUTPATIENT SURGERY	16	38	4,794.11	126.16	.002	299.63	.25
PRINCIPAL SURGEON	14	26	4,436.00	170.62	.001	316.86	.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	12	358.11	29.84	.001	119.37	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	19	31	538.78	17.38	.002	28.36	.03
RADIOLOGY	39	60	2,689.84	44.83	.003	68.97	.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4	59.85	14.96	.000	29.93	.00
OTHER SERVICES/ALL X-OVERS	2,378	8,067	105,763.50	13.11	.425	44.48	5.57
@PHARMACY	11,054	88,415 \$	2,371,622.74	\$ 26.82	4.654 \$	214.55	\$ 124.83
PRESCRIPTION DRUGS	10,953	37,642	2,293,430.03	60.93	1.981	209.39	120.71
SNF/ICF	331	1,782	91,880.02	51.56	.094	277.58	4.84
OUTPATIENTS	10,642	35,860	2,201,550.01	61.39	1.887	206.87	115.88
MEDICAL SUPPLIES		50,773	78,192.71	1.54	2.672	96.06	4.12
@DENTIST	814 721 473	2,656 \$	•	\$ 50.30	.140 \$		
VISITS - DIAGNOSTIC	473	1,590	23,642.01	14.87	.084	49.98	1.24
ORAL SURGERY	88	243	12,609.83	51.89	.013	143.29	.66
DRUGS	0	0	.00	.00	.000	.00	.00
	3	3					.00
ANESTHESIA	_		300.00	100.00	.000	100.00	
PERIODONTICS	29	29	4,440.00	153.10	.002	153.10	.23
ENDODONTICS	34	47	9,296.00	197.79	.002	273.41	.49
RESTORATIVE DENTISTRY	166	363	34,565.00	95.22	.019	208.22	1.82
PROSTHETICS	9	9	150.00	16.67	.000	16.67	.01
DENTURES, STAYPLATES	139	369	48,590.43	131.68	.019	349.57	2.56
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

MOP024	FEE-FOR-SERVICE										01/1//03
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR CASH	GRANT -	- AGED		AID CODE	10				
							M	TNC	HLY AVERA	GE	
18,999 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	ARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	342	1,017	\$	17,810.04	\$		.054		52.08	Ś	.94
DIAGNOSTIC AND ANC. PROCED		45		1,892.59		42.06	.002		48.53		.10
EYE APPLIANCES	39 282	827		13,636.79		16.49	.044		48.36		.72
OTHER OPTOMETRIC SERVICES	67	145		2,280.66		15.73	.008		34.04		.12
@CHIROPRACTOR	6	16	\$	228.06	\$		.001	Ċ	38.01	Ċ	.01
	3	9	Ą		۲	16.72	.000	۲	50.16	Ą	.01
VISITS	3	7		150.48							
OTHER SERVICES			<b>^</b>	77.58	<u> </u>	11.08	.000	<u>^</u>	25.86	â	.00
@PODIATRIST	306	607	\$		\$		.032	Ş	18.59	Ş	.30
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	306	607		5,690.01		9.37	.032		18.59		.30
@HOME HEALTH AGENCY	2	11	\$	819.76	\$	74.52	.001		409.88	\$	.04
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	1,947	8 <b>,</b> 237	\$	659,798.54			.434		338.88		34.73
HOSP INPATIENT TOTAL	222	1,235		506,289.07		409 95	.065		2280.58		26.65
HSC HOSPITALS	5	28		36,731.33		409.95 1311.83	.001		7346.27		1.93
NON-HSC HOSPITAL TOTAL	44	169		334,899.50		1981.65	.009		7611.35		17.63
ACCOMMODATIONS	44	169		93,599.68		552 01	.009		2127.27		4.93
ACCOMMODATIONS ADMINISTRATIVE DAYS	5	23		3,632.14		157.92	.003		726.43		.19
	0	0									
TRANSITIONAL IP CARE ALL OTHER ACCOM	40	146		478.24		.00	.000		.00		.03 4.71
				89,489.30		612.94	.008		2237.23		
ANCILLARIES	43	0		241,299.82		.00	.000		5611.62		12.70
INPATIENT CROSSOVERS	173	1,038		134,658.25		129.73	.055		778.37		7.09
ALL OTHER INPATIENT	0	0		.01C	R	.00	.000		.00		.00
	1,805	7,002		153,509.47		21.92	.369		85.05		8.08
MEDICAL	76	123		4,349.09		35.36	.006		57.22		.23
SURGERY	10	12		554.85		46.24	.001		55.49		.03
PATHOLOGY	61	222		2,731.56		12.30	.012		44.78		.14
RADIOLOGY	32	49		4,104.33		83.76	.003		128.26		.22
ROOM USE	69	108		4,381.07		40.57	.006		63.49		.23
CROSSOVERS/ALL OTH OUTPTNT	1,718	6,488		137,388.57		21.18	.341		79.97		7.23
@COUNTY HOSPITAL TOTAL	4	22	\$	7,498.59	\$		.001	\$	1874.65	\$	.39
CO HOSPITAL INPATIENT TOTAL	1	7		7,212.04		1030.29	.000		7212.04		.38
HSC HOSPITALS	1	7		7,212.04		1030.29	.000		7212.04		.38
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00			.000		.00		
ANCILLARIES	0	0		.00		.00	.000				.00
	0	0		.00		.00			.00		.00
INPATIENT CROSSOVERS	•					.00	.000				
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	15		286.55		19.10	.001		95.52		.02
MEDICAL	1	2		35.78		17.89	.000		35.78		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	8		63.62		7.95	.000		63.62		.00

RADIOLOGY 0 0 .00 .00 .000 .00 .00 .000 0 0 .00 .00 .00 .00 ROOM USE .000 3 5 187.15 37.43 62.38 .01 CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,595

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT	- AGED	AID CODE	10			01/1//00
	001111111111111111111111111111111111111	1020 1010 011011 0		11022	1112 0022	MON	THLY AVERA	GE	
18,999 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR	F.		PER HINTT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1.943	8.215	 S	652,299.95	\$ 79.40	.432 \$			
		4 000	т	499-077-03	406 41	.065	2258.27	4	26.27
HSC HOSPITALS	4	21		29.519 29	1405 68	001	7379 82		1 55
NON-HSC HOSPITALS TOTAL	44	169		334 899 50	1981 65	009	7379.82 7611.35 2127.27		17 63
ACCOMMODATIONS	44	169		93.599.68	553 84	009	2127 27		4 93
ADMINISTRATIVE DAYS	5	23		3 632 14	157 92	.001	726.43		.19
TRANSITIONAL IP CARE	0	0		478 24	107.52	.000	.00		.03
ALL OTHER ACCOM	40	146		89 489 30	612 94	.008			4.71
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	43	110		241 299 82	012.51	.000	5611.62		12.70
TNDATTENT CROSSOVERS	173	1 038		134 658 25	129 73	055	778.37		
ALL OTHER INDATIENT	175	1,030		134,030.23	P 00	000	770.57		.00
COMM HOSD CHADATTENT TOTAL	1 802	6 987		153 222 92	21 03	368	85 N3		8.06
MEDICAL	75	0 6,987 121 12		4 313 31	35 65	.500	.00 85.03 57.51 55.49		.23
SURGERY	10	121		55/ 85	46 24	001	55.49		.03
PATHOLOGY	10 60 32 69	21.4		2 667 94	10.24	011	11 17		.14
RADIOLOGY	3.2	714		1 101 33	23 76	.011	44.47 128.26		.22
POOM HIGE	52 60	108		4,104.33	40.57	.006	63.49		.23
ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL	1 715	12 214 49 108 6,483 1,088		652,299.95 499,077.03 29,519.29 334,899.50 93,599.68 3,632.14 478.24 89,489.30 241,299.82 134,658.25 .01C: 153,222.92 4,313.31 554.85 2,667.94 4,104.33 4,381.07 137,201.42 471,038.55	21 16	.341	80.00		7.22
@STATE HOSPITAL	1, 113	1 000	\$	137,201.42 471,038.55	¢ 432 04	057 ¢	13084.40	Ċ	24.79
MENUALIV III	0	1,000	۲	4/1,030.33	7 432.94	.000	.00	۲	.00
MENIALLI ILL	36	1 000		471 020 55	422.04		13084.40		24.79
@NURSING FACILITY	360	1,000	Ċ	.00 471,038.55 1,212,688.81	432.94		3295.35	Ċ	63.83
@STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING	200	8,968 0 0 0 0 0 8,968	۲	.00	.00		.00	۲	.00
TEA W DELIND WD	0	0		.00	.00				.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
		0		.00	.00	.000	.00		.00
LEV D-SUDACULE HOPLE DAGED	0 0 368 0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	3.60	0 0 0 0		.00 1,212,688.81	135.22	.000	3295.35		63.83
LEV B-REGULAR	308	8,908	ċ	.00			.00	ċ	.00
@INTERMEDIATE CARE FACILDD	0	0	Ą	.00	\$ .00 .00	.000 \$	.00	Ş	.00
ICF DDD	0	0		.00	.00				.00
ICF DD (DDCN	0	0					.00		.00
AHEMODIALIZATA MOMAT	0	83	ċ	.00 42,268.66	\$ 509.26	.000		ċ	
UCCDIMAL DAGED	00	0	Ą	42,208.00	\$ 509.26 .00	.004 \$	704.48	Ş	2.22
UCSTIAL DASED	60	0.2		.00 42,268.66 .00	509.26	.004			2.22
DEMODIALISIS CENTER	0	0.3	\$	42,200.00	\$ .00	.000 \$		ċ	.00
GREHABILITATION FACILITY	0	0	Ş	.00	٠.00			Ş	
HUSPITAL BASED	0	0		.00	.00	.000			.00
INDEPENDENT FACILITY	2.2	0	\$	.00	\$ 16.27	.000 .005 \$		ċ	.00
CLABORATORY FACILITY	32	99	Ş		۶ 16.2 <i>1</i>			Ş	
PATHOLOGY	∠8	93		1,491.10	16.03	.005	53.25		.08
XO AND OTHERS	1 004	1 521	Ċ	120.04 73,072.19	20.01	.000	30.01	Ċ	.01
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	1,004	83 0 0 0 99 93 6 1,531	\$	13,012.19	ې 41.13	.081 \$	72.78	Ş	3.85
CLINIC	4	4		93.86	23.4/	.000	23.47		.00
SUKGICENTEK	/9	98		10,/86.31	1/1.29	.005	Z1Z.48		.88
HEROIN DETOX CLINIC	0.0.2 T	1 401		12U.21	15.03	.000	120.21		.01
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	923 MEDI GAI GERITA	I,4ZI	DEC *	20,U/1.81	39.40	C/U.	00.75	Ţ.	Z.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	F2 AND FXEENDLIO	KES I	JONTH-OF-PAYMENT R.	EFORT FOR JAN	ZUUZ THKU DE	C 2002	P	AGE 14,390

MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

00110121 0001111	001111111111111111111111111111111111111				1112 0022	_ 0		
						MO	NTHLY AVERA	GE
18,999 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,321	53,218 \$	ļ	526,572.13	\$ 9.89	2.801	\$ 226.87	\$ 27.72
DURABLE MED. EQUIP.	84	213		42,245.34	198.33	.011	502.92	2.22
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	58	92		12,371.77	134.48	.005	213.31	.65
MEDICAL TRANSPORTATION	401	11,576		57,854.45	5.00	.609	144.28	3.05
AMBULANCES/AIR TRANS	8	55		1,016.52	18.48	.003	127.07	.05
OTHER TRANS	133	8,687		36,261.12	4.17	.457	272.64	1.91
OTHER SERVICES	283	2,834		20,576.81	7.26	.149	72.71	1.08
ACUPUNCTURE	24	70		1,205.68	17.22	.004	50.24	.06
ADULT DAY HEALTH CARE CTR	56	517		34,505.99	66.74	.027	616.18	1.82
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	580	3,484	2	231,407.54	66.42	.183	398.98	12.18
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	426	1,023		13,404.06	13.10	.054	31.46	.71
PHYSICAL THERAPIST	4	22		127.85	5.81	.001	31.96	.01
PORTABLE X-RAY	3	9		6.45	.72	.000	2.15	.00
PROSTHETIST/ORTHOTISTS	4	6		135.31	22.55	.000	33.83	.01
PROSTHETICS	4	6		135.31	22.55	.000	33.83	.01
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	7	14		137.56	9.83	.001	19.65	.01
SPEECH AND AUDIOLOGY	82	183		11,577.88	63.27	.010	141.19	.61
HOSPICE SERVICES	25	626		77,268.46	123.43	.033	3090.74	4.07
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	944	35,383		44,323.79	1.25	1.862	46.95	2.33
@CALIF. CHILDREN SERVICES*	0	0 \$		.00	\$ .00	.000		\$ .00
@XOVER EXCLUDING STATE HOSP**	4,700	34,364 \$		613,782.76	\$ 17.86	1.809		
O* MOMATO IN MURCE TIMES ADE	-	· · · · · · · · · · · · · · · · · · ·		•				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,597 FEE-FOR-SERVICE/DENTAL MOP024 01/17/03 SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MO	NTHLY AVERA	GE
2,653 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,843	121,158	\$	1,736,170.00	\$ 14.33	45.668	\$ 942.03	\$ 654.42
@PHYSICIANS SERVICES	475	1,658	\$	63,328.69	\$ 38.20	.625	\$ 133.32	\$ 23.87
OUTPATIENT VISITS	186	295		10,717.08	36.33	.111	57.62	4.04
OFFICE VISITS	153	233		7,244.02	31.09	.088	47.35	2.73
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	38	47		2,814.29	59.88	.018	74.06	1.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	15		658.77	43.92	.006	59.89	.25
INPATIENT VISITS	44	294		10,266.16	34.92	.111	233.32	3.87
HOSPITAL VISITS	43	284		9,076.28	31.96	.107	211.08	3.42
CRITICAL CARE	2	10		1,189.88	118.99	.004	594.94	.45

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	30	38	1,725.04	4.	5.40	.014	57.50	.65
EXAMINATIONS	29	37	1,689.75	4 !	5.67	.014	58.27	.64
SERVICES AND MATERIALS	1	1	35.29	3.	5.29	.000	35.29	.01
INPATIENT HOSPITAL SURGERY	17	83	6,636.52	7:	9.96	.031	390.38	2.50
PRINCIPAL SURGEON	13	19	4,729.82	248	3.94	.007	363.83	1.78
ASSISTANT SURGEON	1	1	238.27	238	3.27	.000	238.27	.09
ANESTHESIOLOGIST	9	63	1,668.43	2	5.48	.024	185.38	.63
OUTPATIENT SURGERY	38	118	9,866.62	83	3.62	.044	259.65	3.72
PRINCIPAL SURGEON	22	32	6,684.94	208	3.90	.012	303.86	2.52
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	18	86	3,181.68	3.	7.00	.032	176.76	1.20
DIALYSIS	3	20	797.14	3.	9.86	.008	265.71	.30
PATHOLOGY	28	54	844.14	1	5.63	.020	30.15	.32
RADIOLOGY	72	122	5,927.47	48	3.59	.046	82.33	2.23
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	13	424.75		2.67	.005	53.09	.16
OTHER SERVICES/ALL X-OVERS	248	621	16,123.77	2.	5.96	.234	65.02	6.08
@PHARMACY	1,477	37,145	\$ 439,202.43	\$ 13	1.82	14.001	\$ 297.36	\$ 165.55
PRESCRIPTION DRUGS	1,447	5 <b>,</b> 927	390,342.52	6.5	5.86	2.234	269.76	147.13
SNF/ICF	18	114	6,867.50		0.24	.043	381.53	2.59
OUTPATIENTS	1,432	5 <b>,</b> 813	383,475.02	6.	5.97	2.191	267.79	144.54
MEDICAL SUPPLIES	261	31,218	48,859.91		1.57	11.767	187.20	18.42
@DENTIST	133	504	\$ 23,728.50	\$ 4	7.08	.190	\$ 178.41	\$ 8.94
VISITS - DIAGNOSTIC	96	311	4,898.00		5.75	.117	51.02	1.85
ORAL SURGERY	19	71	3,647.00	53	1.37	.027	191.95	1.37
DRUGS	1	1	.00		.00	.000	.00	.00
ANESTHESIA	1	1	100.00		0.00	.000	100.00	.04
PERIODONTICS	6	13	1,680.00	129	9.23	.005	280.00	.63
ENDODONTICS	6	10	2,580.00	258	3.00	.004	430.00	.97
RESTORATIVE DENTISTRY	30	67	6,020.50		9.86	.025	200.68	2.27
PROSTHETICS	1	1	30.00	3 (	0.00	.000	30.00	.01

DENTURES, STAYPLATES	12	29	4,773.00	164.59	.011	397.75	1.80
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 14,598
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	Γ - BLIND	AID COD	E 20		

----- MONTHLY AVERAGE ----2,653 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .023 \$ 108.29 @OPTOMETRIST 61 2,815.46 46.16 Ś 1.06 5 5 46.16 DIAGNOSTIC AND ANC. PROCED 230.80 46.16 .002 .09 2,114.82 132.18 EYE APPLIANCES 44.06 .018 .80 OTHER OPTOMETRIC SERVICES 8 469.84 58.73 .003 67.12 .18 .000 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 .00 .000 .00 .00 VISITS 0 .00 .00 OTHER SERVICES .000 .00 .00 77 598.78 7.78 .029 13.93 \$ .23 @PODIATRIST MEDICINE/INJECTIONS 210.00 26.25 .003 30.00 .08 27.18 27.18 SURGERY/ANES. 27.18 .000 .01 RADIO. / PATHOLOGY 60.54 20.18 .001 30.27 .02 OTHER 36 65 301.06 4.63 .025 8.36 .11 @HOME HEALTH AGENCY 54 4,243 139,343.02 32.84 1.599 2580.43 52.52 \$ Ś NURSE ANESTHESIST 0 .00 .00 .000 .00 \$ .00 0 .00 \$ .00 .000 .00 Ś .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 . 00 0 .00 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 434 3,104 428,484.68 138.04 1.170 987.29 161.51 275 367,835.13 1337.58 .104 7073.75 138.65 HOSP INPATIENT TOTAL 22 35,910.00 1632.27 8977.50 HSC HOSPITALS .008 13.54 142 310,217.69 NON-HSC HOSPITAL TOTAL 2184.63 .054 14100.80 116.93 142 529.63 .054 3418.52 28.35 ACCOMMODATIONS 75,207.51 ADMINISTRATIVE DAYS 35 7,780.20 222.29 .013 1296.70 2.93 .000 Ω 0 .00 .00 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 19 107 67,427.31 630.16 .040 3548.81 25.42 ANCILLARIES 0 235,010.18 .00 .000 10682.28 88.58 INPATIENT CROSSOVERS 111 21,707.44 195.56 .042 834.90 8.18 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 60,649.55 HOSP OUTPATIENT TOTAL 404 2,829 21.44 1.066 150.12 22.86 MEDICAL 120 203 15,202.21 74.89 .077 126.69 5.73 SURGERY 21 25 2,163.03 86.52 .009 103.00 .82 PATHOLOGY 125 826 9,437.60 11.43 .311 75.50 3.56 73 3,516.07 48.17 .028 67.62 1.33 RADIOLOGY 157 243 9,249.88 38.07 .092 58.92 3.49 ROOM USE 247 1,459 CROSSOVERS/ALL OTH OUTPINT 21,080.76 14.45 .550 85.35 7.95 .00 @COUNTY HOSPITAL TOTAL .00 .00 .000 \$ .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 .00

TARLET CROSSOVERS	0	0	0	0	0.0	000	0.0	0.0
INPATIENT CROSSOVERS	0	0	.0		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0	-	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.0		.00	.000	.00	.00
MEDICAL	0	U	.0		.00	.000	.00	.00
SURGERY	0	0	.0		.00	.000	.00	.00
PATHOLOGY	0	U	.0		.00	.000	.00	.00
RADIOLOGY	0	U	.0		.00	.000	.00	.00
ROOM USE	0	0	.0		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.0		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPO	RT FOR JAN 2	2002 THRU D	EC 2002	PAGE 14,599
MOP024	FEE-FOR-SERVICE							01/17/03
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR CASH GRA	NT - BLIND		AID CODE			
0.650							NTHLY AVERA	-
2,653 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	-	VERAGE COST			COST PER
0.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.0000	404	OR DAYS OF CARE	400 404 6		ER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	434	-,	\$ 428,484.6			1.170		
	52	275	367,835.1		1337.58	.104	7073.75	138.65
HSC HOSPITALS	4	22 142	35,910.0		1632.27	.008	8977.50	13.54
NON-HSC HOSPITALS TOTAL	22	142	310,217.6	9	2184.63	.054		116.93
ACCOMMODATIONS	22	142	75,207.5		529.63	.054		28.35
ADMINISTRATIVE DAYS	6	35	7,780.2		222.29	.013	1296.70	2.93
TRANSITIONAL IP CARE	0	0 107	.0		.00	.000	.00	.00
ALL OTHER ACCOM	19		67,427.3		630.16	.040	3548.81	25.42
ANCILLARIES	22	0	235,010.1		.00	.000	10682.28	88.58
INPATIENT CROSSOVERS	26	111	21,707.4		195.56	.042	834.90	8.18
ALL OTHER INPATIENT	0	0	.0		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	404	2,829	60,649.5		21.44	1.066	150.12	22.86
MEDICAL	120	203	15,202.2		74.89	.077		5.73
SURGERY	21	25	2,163.0		86.52	.009	103.00	.82
PATHOLOGY	125	826	9,437.6		11.43		75.50	3.56
RADIOLOGY	52	73	3,516.0		48.17	.028	67.62	1.33
ROOM USE	157	243	9,249.8		38.07	.092	58.92	3.49
CROSSOVERS/ALL OTH OUTPTNT		1,459	21,080.7		14.45	.550	85.35	7.95
@STATE HOSPITAL	24		\$ 320,123.2				\$ 13338.47	
MENTALLY ILL	0	0	.0		.00	.000	.00	.00
DEVELOP. DISABLED	24	730	320,123.2		438.52	.275	13338.47	120.66
@NURSING FACILITY	20		\$ 53,330.1				\$ 2666.51	
LEV A-INTERMEDIATE	0	0	.0		.00	.000	.00	.00
LEV B-REHAB MD	0	0	.0	0	.00	.000	.00	.00

INPATIENT CROSSOVERS	26	111	21 <b>,</b> 707.44		195.56	.042	834.90	8.18
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	404	2,829	60,649.55		21.44	1.066	150.12	22.86
MEDICAL	120	203	15,202.21		74.89	.077	126.69	5.73
SURGERY	21	25	2,163.03		86.52	.009	103.00	.82
PATHOLOGY	125	826	9,437.60		11.43	.311	75.50	3.56
RADIOLOGY	52	73	3 <b>,</b> 516.07		48.17	.028	67.62	1.33
ROOM USE	157	243	9,249.88		38.07	.092	58.92	3.49
CROSSOVERS/ALL OTH OUTPINT	247	1,459	21,080.76		14.45	.550	85.35	7.95
@STATE HOSPITAL	24	730	\$ 320,123.24	\$	438.52		\$ 13338.47	\$ 120.66
MENTALLY ILL	0	0	.00		.00	.000	.00	.00
DEVELOP. DISABLED	24	730	320,123.24		438.52	.275	13338.47	120.66
@NURSING FACILITY	20	461	\$ 53,330.13	\$	115.68		\$ 2666.51	\$ 20.10
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
LEV B-REGULAR	20	461	53,330.13		115.68	.174	2666.51	20.10
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	•	\$ .00
ICF DDH	0	0	.00		.00	.000	.00	.00
ICF DD	0	0	.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	40	266	\$ 85 <b>,</b> 788.95	\$	322.51	.100		\$ 32.34
HOSPITAL BASED	6	153	61,952.40		404.92	.058	10325.40	23.35
HEMODIALYSIS CENTER	34	113	23,836.55		210.94	.043	701.08	8.98
@REHABILITATION FACILITY	25	390	\$ 5 <b>,</b> 665.70		14.53	.147	•	\$ 2.14
HOSPITAL BASED	0	1CR	21.76CF	2	21.76	.000	.00	.01CR
INDEPENDENT FACILITY	25	391	5,687.46		14.55	.147	227.50	2.14
@LABORATORY FACILITY	54	199	\$ 1,926.68	\$	9.68	.075	•	\$ .73
PATHOLOGY	54	199	1,926.68		9.68	.075	35.68	.73
XO AND OTHERS	0	0	.00		.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	97	148	\$	11,510.29			.056		\$	4.34
CLINIC	1	2		90.30		45.15	.001	90.30		.03
SURGICENTER	9	12		1,552.43	3	129.37	.005	172.49		.59
HEROIN DETOX CLINIC	0	0		.00	)	.00	.000	.00		.00
RURAL HEALTH CLINIC	87	134		9,867.56		73.64	.051	113.42		3.72
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES MO						ΡZ	AGE 14,600
MOP024	FEE-FOR-SERVICE		. (110	IVIII OI IIIIIIIIVI	INDI O	INI TON OTHER	LOUZ IIIKO DI	10 2002	11	01/17/03
SONOMA COUNTY		ICES FOR CASH G	- יידא אכ	RITMD		AID CODE	20			01/1//03
SONOMA COUNTI	SUMMANT OF SERV	TICES FOR CASH G	VAIN I	DHIND		AID CODE	MON	מחחות אוובטא	CE -	
2,653 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	, 7,	VERAGE COST				COUR DED
2,000 ELIGIBLES	USERS			EXPENDITURES						COST PER
		OR DAYS OF CAR				ER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	454	72,172	\$	160,323.45			27.204		Ş	60.43
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	59	238		35,208.87		147.94	.090	596.76		13.27
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	2	2		50.00	)	25.00	.001	25.00		.02
MEDICAL TRANSPORTATION	94	9,891		30,829.31		3.12	3.728	327.97		11.62
AMBULANCES/AIR TRANS	15	128		2,990.18	3	23.36	.048	199.35		1.13
OTHER TRANS	15 34	9,219		22,077.00	)	2.39	3.475	649.32		8.32
OTHER SERVICES	46	544		5,762.13		10.59	.205	125.26		2.17
	-	14		227.08		16.22	.005	75.69		.09
ADULT DAY HEALTH CARE CTR	3 12	87		5,816.67		66.86	.033	484.72		2.19
CENETIC DIGENCE TECTING	12	0		.00		.00	.000	.00		.00
GENETIC DISEASE LESTING	120	846		51,060.41		60.36	.319	425.50		19.25
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	120			•						
	U	0		.00		.00	.000	.00		.00
OPTICIAN	31	77		2,841.69		36.91	.029	91.67		1.07
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	5 5	23		3,288.45	)	142.98	.009	657.69		1.24
PROSTHETICS	5	23		3,288.45	)	142.98	.009	657.69		1.24
ORTHOTICS	0	0		.00	)	.00	.000	.00		.00
PSYCHOLOGIST	1	5		190.05	)	38.01	.002	190.05		.07
SPEECH AND AUDIOLOGY	19	52		2,646.95		50.90	.020	139.31		1.00
HOSPICE SERVICES	1	3		467.34		155.78	.001	467.34		.18
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	44	2,455		12,965.04		5.28	.925	294.66		4.89
EPSDT SUPPLEMENTAL SERVICE	0	2,199		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
	0	0		.00						
PED SUBACUTE REHAB/WEANING						.00	.000	.00		.00
ALL OTHER PROVIDERS	157	58,479		14,731.59		.25	22.043	93.83		5.55
@CALIF. CHILDREN SERVICES*	127	4,083	\$	212,416.09			1.539			80.07
@XOVER EXCLUDING STATE HOSP**		7,242	\$	77,630.05	\$	10.72	2.730	163.43	\$	29.26
0* TOTALS IN THESE LINES ARE				•						
THE AMOUNTS ARE ALREADY IN				ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	TE DETAIL LINES A	BOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MC	NTH-OF-PAYMENT	REPO:	RT FOR JAN 2	2002 THRU DE	C 2002	PI	AGE 14,601
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT -	DISABLED		AID CODE	60			
							MON	THLY AVERA	GE -	
91,673 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	: A	VERAGE COST				COST PER
, , , , , , , , , , , , , , , , , , , ,		OR DAYS OF CAR				ER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	68,862	1,587,461	\$	86,526,489.71			17.317		\$	943.86
@PHYSICIANS SERVICES	16,466	59,608	\$	2,388,567.65			.650		\$	26.06
OUTPATIENT VISITS	7,580	11,141	~	434,869.40		39.03	.122	57.37	Y	4.74
		6,927		226,620.99		32.72	.076	45.78		2.47
OFFICE VISITS	4,950									
HOME VISITS	116 2 779	166 3 752		8,990.04 186 790 06		54.16 49 78	.002	77.50 67.21		.10
HIMHERT-HIMEY ROUNT	/ / / 9	۲ / ۲ /		1Xh /411 ()h	١	44 /8	[] []	n / /		/ 114

EMERGENCY ROOM

3,752

2,779

2.04

49.78

186,790.06

.041

67.21

PREVENTIVE CARE	10	10	424.23	42.42	.000	42.42	.00
OB VISITS/COMPRE PERI	24	66	2,627.13	39.81	.001	109.46	.03
OTHER OUTPATIENT	191	220	9,416.95	42.80	.002	49.30	.10
INPATIENT VISITS	1,353	6,694	338,850.28	50.62	.073	250.44	3.70
HOSPITAL VISITS	1,044	5,168	229,587.40	44.42	.056	219.91	2.50
CRITICAL CARE	152	709	84,114.16	118.64	.008	553.38	.92
	291	817	25,148.72	30.78		86.42	.27
SNF/ICF/TRANS IP CARE					.009		
OPHTHALMOLOGICAL SERVICES	437	513	22,840.77	44.52	.006	52.27	.25
EXAMINATIONS	436	512	22,805.48	44.54	.006	52.31	.25
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	541	2,961	263,534.03	89.00	.032	487.12	2.87
PRINCIPAL SURGEON	384	589	202,546.10	343.88	.006	527.46	2.21
ASSISTANT SURGEON	29	32	7,183.27	224.48	.000	247.70	.08
ANESTHESIOLOGIST	201	2,340	53,804.66	22.99	.026	267.68	.59
OUTPATIENT SURGERY	1,104	2,969	241,072.37	81.20	.032	218.36	2.63
PRINCIPAL SURGEON	905	1,368	202,205.26	147.81	.015	223.43	2.21
	16	16			.000	105.11	.02
ASSISTANT SURGEON			1,681.79	105.11			
ANESTHESIOLOGIST	255	1,585	37,185.32	23.46	.017	145.82	.41
DIALYSIS	99	221	29,089.57	131.63	.002	293.83	.32
PATHOLOGY	1,269	2,890	48,103.38	16.64	.032	37.91	.52
RADIOLOGY	3 <b>,</b> 739	6 <b>,</b> 835	289 <b>,</b> 064.98	42.29	.075	77.31	3.15
PSYCHIATRY	15	18	486.28	27.02	.000	32.42	.01
IMMUNIZATION AND INJECTION	469	4,792	357,533.30	74.61	.052	762.33	3.90
OTHER SERVICES/ALL X-OVERS	6 <b>,</b> 531	20,574	363,123.29	17.65	.224	55.60	3.96
@PHARMACY	55,525	485,164 \$	22,674,522.75	\$ 46.74	5.292 \$		
PRESCRIPTION DRUGS	54,914	242,462	22,021,298.06	90.82	2.645	401.01	240.22
SNF/ICF	1,424	10,055	895,229.85	89.03	.110	628.67	9.77
OUTPATIENTS	53,632	232,407	21,126,068.21	90.90	2.535	393.91	230.45
MEDICAL SUPPLIES	4,351	242,702	653,224.69	2.69	2.647	150.13	7.13
@DENTIST	5 <b>,</b> 554	22,474 \$	978,550.66	\$ 43.54	.245 \$		
VISITS - DIAGNOSTIC	3,911	14,151	207,913.05	14.69	.154	53.16	2.27
ORAL SURGERY	694	2,107	116,343.14	55.22	.023	167.64	1.27
DRUGS	16	18	154.00	8.56	.000	9.63	.00
ANESTHESIA	43	43	3,980.00	92.56	.000	92.56	.04
PERIODONTICS	254	352	57,229.00	162.58	.004	225.31	.62
ENDODONTICS	226	316	63,442.50	200.77	.003	280.72	.69
RESTORATIVE DENTISTRY	1,618	4,052	351,393.50	86.72	.044	217.18	3.83
PROSTHETICS	59	63	1,575.60	25.01	.001	26.71	.02
DENTURES, STAYPLATES	487	1,263	167,244.35	132.42	.014	343.42	1.82
SPACE MAINTAINERS	2	2	240.00	120.00	.000	120.00	.00
MAXILLOFACIAL SERVICES	9	12	2,304.00	192.00	.000	256.00	.03
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.01
ORTHODONTIC SERVICES	46	61	5,407.22	88.64	.001	117.55	.06
ALL OTHER SERVICES	25	33	124.30	3.77	.000	4.97	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M		EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,602
MOP024	FEE-FOR-SERVICE						01/17/03
SONOMA COUNTY		VICES FOR CASH GRANT	- DISABLED	AID CODE	60		01/11/03
SONOPIA COUNTI	SOPERATOR SERV	TCES FOR CASH GRANT	DISADED	AID CODE	MON	יע משונע אווהו	~₽
01 (72 ELICIDIES	HCEDC	INTEC OF CEDUTOR	EXPENDIMIDEC	ATTEDACE COCH			
91,673 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,791	5 <b>,</b> 325 \$	112,325.69	\$ 21.09	.058 \$		
DIAGNOSTIC AND ANC. PROCED	752	789	35,716.13	45.27	.009	47.49	.39
EYE APPLIANCES	1,380	4,194	65,745.68	15.68	.046	47.64	.72
OTHER OPTOMETRIC SERVICES	239	342	10,863.88	31.77	.004	45.46	.12
@CHIROPRACTOR	258	566 \$	9,388.16	\$ 16.59	.006 \$		
VISITS	241	540	8,974.46	16.62	.006	37.24	.10
· 10110	241	540	0,0/4.40	10.02	.000	51.24	• + 0

OTHER SERVICES	18	26	413.70		15.91	.000	22.98	.00
@PODIATRIST	1,026	1,681	\$ 25,537.92	\$	15.19	.018	\$ 24.89 \$	.28
MEDICINE/INJECTIONS	316	378	9,620.98		25.45	.004	30.45	.10
SURGERY/ANES.	69	101	3,314.63		32.82	.001	48.04	.04
RADIO./PATHOLOGY	20	25	460.18		18.41	.000	23.01	.01
OTHER	682	1,177	12,142.13		10.32	.013	17.80	.13
@HOME HEALTH AGENCY	400	21,013	\$ 781,143.24	\$	37.17	.229	\$ 1952.86 \$	8.52
NURSE ANESTHESIST	8	62	\$ 309.59	\$	4.99	.001	\$ 38.70 \$	.00
NURSE MIDWIFE	38	328	\$ 8,833.77	\$	26.93	.004	\$ 232.47 \$	.10
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 40.00	\$	40.00	.000	\$ 40.00 \$	.00
FAMILY NURSE PRACTITIONER	2	4	\$ 61.57	\$	15.39	.000	\$ 30.79 \$	.00
@TOTAL HOSPITAL	15 <b>,</b> 942	85 <b>,</b> 969	\$ 14,427,093.13	\$	167.82	.938	\$ 904.97 \$	157.38
HOSP INPATIENT TOTAL	1,324	9,489	12,279,297.99		1294.06	.104	9274.39	133.95
HSC HOSPITALS	163	1,428	2,133,688.72		1494.18	.016	13090.11	23.27
NON-HSC HOSPITAL TOTAL	735	4,619	9,747,924.00		2110.40	.050	13262.48	106.33
ACCOMMODATIONS	726	4,619	2,805,527.67		607.39	.050	3864.36	30.60
ADMINISTRATIVE DAYS	79	993	207,456.04		208.92	.011	2626.03	2.26
TRANSITIONAL IP CARE	0	0	100.68		.00	.000	.00	.00
ALL OTHER ACCOM	688	3 <b>,</b> 626	2,597,970.95		716.48	.040	3776.12	28.34
ANCILLARIES	735	0	6,942,396.33		.00	.000	9445.44	75.73
INPATIENT CROSSOVERS	446	3,442	397,685.55		115.54	.038	891.67	4.34
ALL OTHER INPATIENT	1	0	.28CI	R	.00	.000	.28CR	.00
HOSP OUTPATIENT TOTAL	15,235	76,480	2,147,795.14		28.08	.834	140.98	23.43
MEDICAL	5,466	8,682	331,119.91		38.14	.095	60.58	3.61
SURGERY	941	1,081	54,216.45		50.15	.012	57.62	.59
PATHOLOGY	5,032	20,735	257,013.09		12.40	.226	51.08	2.80
RADIOLOGY	2,991	4,376	378,988.04		86.61	.048	126.71	4.13
ROOM USE	7,537	11,765	465,789.28		39.59	.128	61.80	5.08
CROSSOVERS/ALL OTH OUTPINT	7,942	29,841	660,668.37		22.14	.326	83.19	7.21
@COUNTY HOSPITAL TOTAL	60	331	\$ 25,344.18	\$	76.57	.004	\$ 422.40 \$	.28
CO HOSPITAL INPATIENT TOTAL	6	27	18,406.98		681.74	.000	3067.83	.20
HSC HOSPITALS	5	16	17,872.00		1117.00	.000	3574.40	.19

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	Λ	0		277 020	· 00	0.00	0.0	.00
ACCOMMODATIONS	0	0		277.02CF	3 00	000	0.0	.00
ADMINISTRATIVE DAYS	0	0		277 02CF	3 00	000	0.0	.00
TRANSITIONAL TP CARE	0	0		0.0	00	000	00	.00
ALL OTHER ACCOM	0	0		00	00	000	00	.00
ANCILLARIES	0	0		00	00	000	00	.00
TNDATTENT CROSSOVERS	1	11		812 00	73 82	000	812 00	.01
ALL OTHER INDATIENT	0	0		012:00	75.02	000	012.00	.00
CO HOSP OUTPATTENT TOTAL	5.4	304		6 937 20	22 82	.000	128 47	.08
MEDICAL	18	32		1 353 56	42 30	000	75 20	.01
SURGERY	7	8		269 95	33 74	000	79 <b>.</b> 20	.00
PATHOLOGY	22	85		1 331 34	15 66	001	60 52	.01
RADIOLOGY	9	13		697 26	53 64	000	77 47	.01
ROOM USE	25	30		1 706 40	43 75	000	68 26	.02
CROSSOVERS / ALL OTH CUTPTNT	31	127		1 578 69	12 43	001	50.20	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	TZ / TZ ZND EXDENDIT	IIRES M	ONTH-OF-DAVMENT RE	TZ.45	2002 THRII DE	rc 2002	PAGE 14,603
MOP024	FEE-FOR-SERVICE		OKES H	ONIH OF TATMENT IN	IONI FON OAN A	2002 IIINO DI	10 2002	01/17/03
MOP024 SONOMA COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED	AID CODE	60		
						MON	ITHLY AVERAG	E
91,673 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15,894	85,638	\$	14,401,748.95	\$ 168.17	.934	906.11	\$ 157.10
COMM HOSP INPATIENT TOTAL	1,318	9,462		12,260,891.01	1295.80	.103	9302.65	133.75
HSC HOSPITALS	158	1,412		2,115,816.72	1498.45	.015	13391.25	23.08
NON-HSC HOSPITALS TOTAL	735	4,619		9,748,201.02	2110.46	.050	13262.86	106.34
ACCOMMODATIONS	726	4,619		2,805,804.69	607.45	.050	3864.74	30.61
ADMINISTRATIVE DAYS	79	993		207,733.06	209.20	.011	2629.53	2.27
TRANSITIONAL IP CARE	0	0		100.68	.00	.000	.00	.00
ALL OTHER ACCOM	688	3,626		2,597,970.95	716.48	.040	3776.12	28.34
ANCILLARIES	735	0		6,942,396.33	.00	.000	9445.44	75.73
INPATIENT CROSSOVERS	445	3,431		396,873.55	115.67	.037	891.85	4.33
ALL OTHER INPATIENT	1	0		.28CF	.00	.000	.28CF	.00
COMM HOSP OUTPATIENT TOTAL	15 <b>,</b> 192	76 <b>,</b> 176		2,140,857.94	28.10	.831	140.92	23.35
MEDICAL	5 <b>,</b> 450	8,650		329,766.35	38.12	.094	60.51	3.60
SURGERY	934	1,073		53,946.50	50.28	.012	57.76	.59
PATHOLOGY	5,013	20,650		255,681.75	12.38	.225	51.00	2.79
RADIOLOGY	2,983	4,363		378,290.78	86.70	.048	126.82	4.13
ROOM USE	7,518	11,726		464,082.88	39.58	.128	61.73	5.06
CROSSOVERS/ALL OTH OUTPTNT	7,914	29,714		659,089.68	22.18	.324	83.28	7.19
@STATE HOSPITAL	2,155	72,243	\$	33,083,006.50	\$ 457.94	.788	15351.74	\$ 360.88
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	2,155	72,243		33,083,006.50	457.94	.788	15351.74	360.88
91,673 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	869	24,607	\$	3,382,575.07	\$ 137.46	.268	3892.49	\$ 36.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	256	8,839		1,064,670.27	120.45	.096	4158.87	11.61
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	545		313,032.49	574.37	.006	14906.31	3.41
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
TEN D DECILIAD	FOF	1 5 000		2 004 072 21	121 70	1.00	2260 52	01 07

2,004,872.31

2,778,293.50

1,270,069.08

1,508,224.42

470,480.97

470,480.97

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.00

131.70

174.61

148.88

204.37

58.44

58.44

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3369.53

\$ 5302.09 \$

4585.09

6106.17

978.13

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978.13 \$

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30.31

13.85

16.45

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.088 \$

15,223

15,911

8,531

7,380

8,051

8,051

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0

595

524

277

0

247

481

0

481

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	311	5 <b>,</b> 374 \$	72,488.08	\$ 13.49	.059 \$	233.08	\$ .79
HOSPITAL BASED	18	63	2,781.33	44.15	.001	154.52	.03
INDEPENDENT FACILITY	293	5,311	69,706.75	13.12	.058	237.91	.76
@IABORATORY FACILITY	4.637	17.792 \$	266.465.21	\$ 14.98	.194 \$	57.47	\$ 2.91
PATHOLOGY	4 629	17 781	266 315 77	14 98	194	57 53	2.91
YO AND OTHERS	1,023	11	149 44	13 50	000	18 68	.00
ACCANTAED OTHERS	9 795	19 692 ¢	1 624 999 52	\$ 96.09	204 \$	10.00	\$ 17.73
CITNIC	555	10,002 Y	1,024,333.32	23 64	010	75 64	.46
CLINIC	115	1,770	41,902.22	23.04	.019	73.04	.26
SURGICENIER	113	200 701	23,040.73	12.00	.003	207.31 177.40	.09
HEROIN DETOX CLINIC	0.145	15 005	8,695.62	12.06	.008	1//.46	.09
RURAL HEALTH CLINIC	8,145	15,925	1,550,480.95	97.30	.1/4	190.36	16.91
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIO	JES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 14,604
MOP024 SONOMA COUNTY	FEE-FOR-SERVIC	E/DENTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- DISABLED	AID CODE			
					MONTI	ALY AVERAG	GE
91,673 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	r units/days (	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11,124	742 <b>,</b> 604 \$	3,441,747.77	\$ 4.63	8.101 \$	309.40	\$ 37.54
DURABLE MED. EQUIP.	1,521	6 <b>,</b> 215	971,643.48	156.34	.068	638.82	10.60
BLOOD BANK	1	1	459.00	459.00	.000	459.00	.01
HEARING AID DISPENSERS	81	138	28,061.93	203.35	.002	346.44	.31
MEDICAL TRANSPORTATION	2,320	92 <b>,</b> 161	511,215.83	5.55	1.005	220.35	5.58
AMBULANCES/AIR TRANS	1,113	13,241	208,065.80	15.71	.144	186.94	2.27
OTHER TRANS	491	71,433	229,122.22	3.21	.779	466.64	2.50
OTHER SERVICES	777	7.487	74,027.81	9.89	.082	95.27	.81
ACUPUNCTURE	128	344	5,791.84	16.84	.004	45.25	.06
ADULT DAY HEALTH CARE CTR	193	2,105	139,333.49	66.19	.023	721.94	1.52
GENETIC DISEASE TESTING	17	17	1.321.00	77.71	.000	77.71	. 01
THMC.MODEL-NF.NF.ATDS.MSSP	835	18.385	754.666.89	41 05	201	903 79	8 23
OCCUPATIONAL THERAPIST	0	0	,01,000.09	00	000	00	0.20
OPTICIAN	2.060	4 - 921	60-900 42	12 38	054	29 56	66
DHYSICAL THERADIST	159	1 248	15 691 07	12.50	014	98 69	17
DODUNDIE V-DAV	20	37	653 52	17 66	000	32 68	0.1
	100	788	102 889 60	130 57	000	519 61	1 12
DDOGTUFTTCG	190	766	102,009.00	130.37	009	563 30	1 11
OPTHOTICS	17	700	016 35	133.12	.000	53 00	01
DCVCUOI OCICE	220	500	16 602 03	20 20	.000	73 21	10
CDEECH AND AUDIOLOGY	7.41	2 705	10,092.93	40.29	.000	100 15	1 /0
SEECH AND AUDIOLOGI	741 57	1 272	100 774 52	120 22	015	102.12	2 07
MONINGE DIDELLING CENTEDS	<i>31</i>	1,372	2 021 60	100.34	.013	1007 22	2.07
NONINST BIRTHING CENTERS	3	3	3,021.69	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	969	23,226	203,060.76	0.13	.2/3	211.62	2.24
EPSDT SUPPLEMENTAL SERVICE	9	/3	2,56/.14	35.17	.001	285.24	.03
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,073	586,185	296,290.97	.51	6.394	96.42	3.23
@CALIF. CHILDREN SERVICES*	1,328	35,661 \$	2,772,464.18	\$ 77.74	.389 \$	2087.70	\$ 30.24
@XOVER EXCLUDING STATE HOSP**	10,877	100,660 \$	1,652,089.64	\$ 16.41	1.098 \$	151.89	\$ 18.02
91,673 ELIGIBLES  @ALL OTHER PROVIDERS    DURABLE MED. EQUIP.    BLOOD BANK    HEARING AID DISPENSERS    MEDICAL TRANSPORTATION    AMBULANCES/AIR TRANS    OTHER TRANS    OTHER SERVICES    ACUPUNCTURE    ADULT DAY HEALTH CARE CTR    GENETIC DISEASE TESTING    IHMC,MODEL-NF,NF,AIDS,MSSP    OCCUPATIONAL THERAPIST    OPTICIAN    PHYSICAL THERAPIST    PORTABLE X-RAY    PROSTHETIST/ORTHOTISTS       PROSTHETICS    ORTHOTICS    PSYCHOLOGIST    SPEECH AND AUDIOLOGY    HOSPICE SERVICES    NONINST BIRTHING CENTERS    LOCAL EDUCATION AGENCIES    EPSDT SUPPLEMENTAL SERVICE    RESPIRATORY CARE PRACT.    PED SUBACUTE REHAB/WEANING    ALL OTHER PROVIDERS  @CALIF. CHILDREN SERVICES*    @XOVER EXCLUDING STATE HOSP**  @ * TOTALS IN THESE LINES ARE    THE AMOUNTS ARE ALREADY IN	GIVEN AS A SEPA	RATE INFORMATION ITEM	ONLY;				
** THESE DATA ARE INCLUDED I							
		CES AND EXPENDITURES 1	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEC	2002	
MOP024	FEE-FOR-SERVIC						01/17/03
CONOMA COUNTRY	CHAMADA OF CEDA	TTORG ROD COR 20 22	2 5 20 40 42 27 214	א זוכ מכ מכ	7 10		

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

UNITS OF SERVICE

OR DAYS OF CARE

----- MONTHLY AVERAGE -----

COST PER

ELIGIBLE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

PER UNIT/DAY PER ELIG USER

SONOMA COUNTY

70,729 ELIGIBLES

USERS

@TOTAL, ALL PROVIDERS	32,320	153,853	\$	8,087,429.49	\$	52.57	2.175	\$	250.23	\$	114.34
@PHYSICIANS SERVICES	9,249	20,010	\$	814,441.56	\$	40.70	.283	\$	88.06	\$	11.51
OUTPATIENT VISITS	6,946	9,326		307,733.41		33.00	.132		44.30		4.35
OFFICE VISITS	4,270	5,548		160,193.40		28.87	.078		37.52		2.26
HOME VISITS	0	. 0		.00		.00	.000		.00		.00
EMERGENCY ROOM	2,688	3,110		123,074.61		39.57	.044		45.79		1.74
PREVENTIVE CARE	124	126		4,934.78		39.16	.002		39.80		.07
OB VISITS/COMPRE PERI	152	506		17,946.83		35.47	.007		118.07		.25
OTHER OUTPATIENT	31	36		1,583.79		43.99	.001		51.09		.02
INPATIENT VISITS	316	1,010		73,063.09		72.34	.014		231.21		1.03
HOSPITAL VISITS	298	775		37,859.22		48.85	.011		127.04		.54
CRITICAL CARE	54	233		35,059.67		150.47	.003		649.25		.50
SNF/ICF/TRANS IP CARE	1	2		144.20		72.10	.000		144.20		.00
OPHTHALMOLOGICAL SERVICES	94	97		4,227.43		43.58	.001		44.97		.06
	84	87									.06
EXAMINATIONS				4,179.55		48.04	.001		49.76		
SERVICES AND MATERIALS	10	10		47.88		4.79	.000		4.79		.00
INPATIENT HOSPITAL SURGERY	351	1,757		155,532.71		88.52	.025		443.11		2.20
PRINCIPAL SURGEON	215	247		121,355.67		491.32	.003		564.44		1.72
ASSISTANT SURGEON	22	22		3,632.62		165.12	.000		165.12		.05
ANESTHESIOLOGIST	160	1,488		30,544.42		20.53	.021		190.90		.43
OUTPATIENT SURGERY	678	1,680		99,380.22		59.15	.024		146.58		1.41
PRINCIPAL SURGEON	559	695		77,554.39		111.59	.010		138.74		1.10
ASSISTANT SURGEON	5	5		493.68		98.74	.000		98.74		.01
ANESTHESIOLOGIST	153	980		21,332.15		21.77	.014		139.43		.30
DIALYSIS	2	4		270.60		67.65	.000		135.30		.00
PATHOLOGY	930	1,644		22,585.33		13.74	.023		24.29		.32
RADIOLOGY	1,825	2,516		73,117.63		29.06	.036		40.06		1.03
PSYCHIATRY	1	1		32.98		32.98	.000		32.98		.00
IMMUNIZATION AND INJECTION	175	371		37,614.87		101.39	.005		214.94		.53
OTHER SERVICES/ALL X-OVERS	743	1,604		40,883.29		25.49	.023		55.02		.58
@PHARMACY	14,499	•	\$	1,505,113.10	\$	39.07	.545	\$	103.81	\$	21.28
PRESCRIPTION DRUGS	14,413	31,740		1,477,923.75	·	46.56	.449		102.54		20.90
SNF/ICF	27	82		20,933.11		255.28	.001		775.30		.30
OUTPATIENTS	14,392	31,658		1,456,990.64		46.02	.448		101.24		20.60
MEDICAL SUPPLIES	331	6 <b>,</b> 783		27,189.35		4.01	.096		82.14		.38
@DENTIST	4,302	•	\$	632,386.32	\$	31.75	.282	ς	147.00	¢	8.94
VISITS - DIAGNOSTIC	3,134	12,924	Υ	196,427.00	Y	15.20	.183	Y	62.68	٧	2.78
ORAL SURGERY	592	1,198		69,619.66		58.11	.017		117.60		.98
DRUGS	30	32		625.36		19.54	.000		20.85		.01
	57	60		5,000.00		83.33	.001		87.72		.07
ANESTHESIA	50	51		•							
PERIODONTICS				7,890.00		154.71	.001		157.80		.11
ENDODONTICS	313	621		61,313.50		98.73	.009		195.89		.87
RESTORATIVE DENTISTRY	1,634	4,527		244,872.05		54.09	.064		149.86		3.46
PROSTHETICS	10	10		185.00		18.50	.000		18.50		.00
DENTURES, STAYPLATES	47	186		16,285.00		87.55	.003		346.49		.23
SPACE MAINTAINERS	50	65		6,449.65		99.23	.001		128.99		.09
MAXILLOFACIAL SERVICES	20	25		2,792.85		111.71	.000		139.64		.04
FRACTURES, DISLOCATIONS	2	3		2,050.00		683.33	.000		1025.00		.03
ORTHODONTIC SERVICES	163	206		18,801.25		91.27	.003		115.35		.27
ALL OTHER SERVICES	11	12		75.00		6.25	.000		6.82		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	S MONT	H-OF-PAYMENT F	REPORT	FOR JAN 2002	THRU	DEC	2002	PA	GE 14,606
MOP024	FEE-FOR-SERVICE/DEN'	TAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR CGF 30-33	3 35 3	88 40 42 3A-3M	3P 3R	3U 3W 4C-4G					
							1	/ONTT	TTV VIEDV	CE.	

70,729 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	818	2,428	\$	58,376.03	\$	24.04	.034	\$ 71.36	\$	.83
DIAGNOSTIC AND ANC. PROCED	543	559		25,426.41		45.49	.008	46.83		.36
EYE APPLIANCES	592	1,757		25,679.24		14.62	.025	43.38		.36
OTHER OPTOMETRIC SERVICES	105	112		7,270.38		64.91	.002	69.24		.10
@CHIROPRACTOR	95	161	\$	2,662.66	\$	16.54	.002		Ś	.04
VISITS	95	161		2,662.66	'	16.54	.002	28.03	'	.04
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	34	73	\$	2,161.02	\$	29.60	.001		Ś	.03
MEDICINE/INJECTIONS	29	42	Ψ	1,365.28	Υ	32.51	.001	47.08	۲	.02
SURGERY/ANES.	13	22		572.28		26.01	.000	44.02		.01
RADIO./PATHOLOGY	4	6		110.72		18.45	.000	27.68		.00
OTHER	2	3		112.74		37.58	.000	56.37		.00
	69		ċ		Ċ				ċ	
@HOME HEALTH AGENCY		210	\$	13,954.38	\$	66.45	.003			.20
NURSE ANESTHESIST	2	7	\$	144.69	\$	20.67		\$ 72.35	\$	.00
NURSE MIDWIFE	123	1,187	Ş	27 <b>,</b> 587.59	\$	23.24		\$ 224.29	\$	.39
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00		\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	5	5	\$	286.00	\$	57.20	.000		\$	.00
@TOTAL HOSPITAL	8,744	31 <b>,</b> 455	\$	3,479,541.20	\$	110.62	.445		\$	49.20
HOSP INPATIENT TOTAL	351	1,423		2,589,454.30		1819.71	.020	7377.36		36.61
HSC HOSPITALS	27	164		257,276.54		1568.76	.002	9528.76		3.64
NON-HSC HOSPITAL TOTAL	326	1,259		2,332,177.76		1852.40	.018	7153.92		32.97
ACCOMMODATIONS	324	1,259		918,143.48		729.26	.018	2833.78		12.98
ADMINISTRATIVE DAYS	3	8		1,288.88		161.11	.000	429.63		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	322	1,251		916,854.60		732.90	.018	2847.37		12.96
ANCILLARIES	323	0		1,414,034.28		.00	.000	4377.82		19.99
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8,549	30,032		890,086.90		29.64	.425	104.12		12.58
MEDICAL	3,334	4,419		150,705.15		34.10	.062	45.20		2.13
SURGERY	637	761		33,121.98		43.52	.011	52.00		.47
				•				37.15		1.28
PATHOLOGY	2,437	7,563		90,540.41		11.97	.107			
RADIOLOGY	1,684	2,301		139,442.60		60.60	.033	82.80		1.97
ROOM USE	6,847	9,212		354,941.47		38.53	.130	51.84		5.02
CROSSOVERS/ALL OTH OUTPTNT		5,776		121,335.29		21.01	.082	46.40		1.72
@COUNTY HOSPITAL TOTAL	28	83	\$	3,395.38	\$	40.91	.001		Ş	.05
CO HOSPITAL INPATIENT TOTAL		1		1,075.00		1075.00	.000	1075.00		.02
HSC HOSPITALS	1	1		1,075.00		1075.00	.000	1075.00		.02
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	27	82		2,320.38		28.30	.001	85.94		.03
MEDICAL	15	18		624.09		34.67	.000	41.61		.01
SURGERY	3	6		176.70		29.45	.000	58.90		.00
PATHOLOGY	5	15		250.83		16.72	.000	50.17		.00
RADIOLOGY	3	14		295.25		21.09	.000	98.42		.00
ROOM USE	14	19				44.97				.01
				854.46			.000	61.03		
CROSSOVERS/ALL OTH OUTPINT		10		119.05		11.91	.000	17.01		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		KES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	ZUUZ THRU I	DEC 2002	PΙ	AGE 14,607
MOPO24	FEE-FOR-SERVICE/DENTAL		22 1	25 20 40 40 27 27	3 D 3	D 211 214 42	10			01/17/03

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

SONOMA COUNTY

70,729 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER	2101	COST PER
		OR DAYS OF CARE	3		PER UNIT/D	AY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,724	31,372	\$	3,476,145.82	\$ 110.80	.444	\$ 398.46	\$	49.15
COMM HOSP INPATIENT TOTAL	350	1,422		2,588,379.30	1820.24	.020	7395.37		36.60
HSC HOSPITALS	26	163		256,201.54	1571.79	.002	9853.91		3.62
NON-HSC HOSPITALS TOTAL	326	1,259		2,332,177.76	1852.40	.018	7153.92		32.97
ACCOMMODATIONS	324	1,259		918,143.48	729.26	.018	2833.78		12.98
ADMINISTRATIVE DAYS	3	8		1,288.88	161.11	.000	429.63		.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	322	1,251		916,854.60	732.90	.018	2847.37		12.96
ANCILLARIES	323	0		1,414,034.28	.00	.000	4377.82		19.99
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	8 <b>,</b> 529	29 <b>,</b> 950		887 <b>,</b> 766.52	29.64		104.09		12.55
MEDICAL	3,320	4,401		150,081.06	34.10	.062	45.21		2.12
SURGERY	634	755		32,945.28	43.64		51.96		.47
PATHOLOGY	2,433	7,548		90,289.58	11.96		37.11		1.28
RADIOLOGY	1,682	2,287		139,147.35	60.84	.032	82.73		1.97
ROOM USE	6 <b>,</b> 837	9,193		354,087.01	38.52	.130	51.79		5.01
CROSSOVERS/ALL OTH OUTPTNT	2,608	5 <b>,</b> 766		121,216.24	21.02		46.48		1.71
@STATE HOSPITAL	0	0	\$	.00	\$ .00			\$	.00
MENTALLY ILL	0	0		.00	.00		.00		.00
DEVELOP. DISABLED	0	0		.00	.00		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00			\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00		.00		.00
LEV B-REHAB MD	0	0		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
LEV B-REGULAR	0	0		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	1	61	\$	9,099.37	\$ 149.17	.001	\$ 9099.37	\$	.13

----- MONTHLY AVERAGE -----

ICF DDH	1	61		9,099.37		149.17	.001		9099.37		.13
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	2	\$	3,674.12	\$	1837.06	.000	\$	1837.06	\$	.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	2		3,674.12		1837.06	.000		1837.06		.05
@REHABILITATION FACILITY	22	427	\$	5,343.16	\$	12.51	.006	\$	242.87	\$	.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	22	427		5,343.16		12.51	.006		242.87		.08
@LABORATORY FACILITY	2,165	5 <b>,</b> 971	\$	95,996.37	\$	16.08	.084	\$	44.34	\$	1.36
PATHOLOGY	2,165	5 <b>,</b> 971		95,996.37		16.08	.084		44.34		1.36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6 <b>,</b> 149	11,600	\$	1,123,692.98	\$	96.87	.164	\$	182.74	\$	15.89
CLINIC	956	3,068		77,586.02		25.29	.043		81.16		1.10
SURGICENTER	15	71		2,434.02		34.28	.001		162.27		.03
HEROIN DETOX CLINIC	8	97		1,102.23		11.36	.001		137.78		.02
RURAL HEALTH CLINIC	5 <b>,</b> 213	8,364		1,042,570.71		124.65	.118		199.99		14.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES	MONTH-OF-PAYMENT F	REPOR	T FOR JAN :	2002 THRU	DEC	2002	P.	AGE 14,608
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 38 40 42 3A-3M	3P 3	R 3U 3W 4C	-4G				

----- MONTHLY AVERAGE -----EXPENDITURES 70,729 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 3,465 21,813 312,968.94 \$ 14.35 .308 \$ 90.32 \$ 4.42 120 243 129.57 .003 262.39 DURABLE MED. EQUIP. 31,486.30 .45 0 .00 .00 .000 BLOOD BANK 1264.32 6 19 7,585.90 399.26 .000 HEARING AID DISPENSERS .11 3,502 3,491 71,894.68 MEDICAL TRANSPORTATION 313 20.53
16.46
6.61
1800.00
17.49
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70.10
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10.29
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.00 20.53 .050 229.70 1.02 311 16.46 57,474.84 .049 184.81 .81 AMBULANCES/AIR TRANS 19.84 .000 19.84 .00 OTHER TRANS 8 85 OTHER SERVICES 14,400.00 .000 1800.00 .20 42.48 ACUPUNCTURE 1,486.80 .001 .02 0 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 100 7,010.00 72.27 GENETIC DISEASE TESTING .001 0 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 .00 .00 .00 .00 0 .000 .00 OCCUPATIONAL THERAPIST 16,880.54 1,641 .023 22.81 OPTICIAN 256 4,039.39 106.30 PHYSICAL THERAPIST .004 0 0 .00 PORTABLE X-RAY .00 .000 .00 0 31 26 74 5 6 9 37 73 158 0 0 2 2 2,038 14,820 12,294.43 11,979.20 PROSTHETIST/ORTHOTISTS .001 396.59 .17 460.74 PROSTHETICS .001 .17 ORTHOTICS 315.23 .000 63.05 .00 PSYCHOLOGIST 2,544.82 .001 282.76 .04 SPEECH AND AUDIOLOGY 12,579.14 .002 172.32 .18 .00 .000 HOSPICE SERVICES 2,014.46 1007.23 .000 .03 NONINST BIRTHING CENTERS 69.57 .210 LOCAL EDUCATION AGENCIES 141,774.54 2.00 0 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 .00 0 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 16 870 1,377.94 1.58 .012 .02 ALL OTHER PROVIDERS 86.12 223 2,957 369,043.03 124.80 5.22 @CALIF. CHILDREN SERVICES\* \$ .042 \$ 1654.90 \$ 3.63 @XOVER EXCLUDING STATE HOSP\*\* 268.76 \$ .001 \$ 53.75 \$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,609 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

						M	ONT	HLY AVERA	GE	
184,054 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	116,151	2,036,792	\$ 101,985,713.01	\$	50.07	11.066	\$	878.04	\$	554.11
@PHYSICIANS SERVICES	28 <b>,</b> 6//	89 <b>,</b> 650	\$ 3,385,147.81	\$	37.76	.487	\$	118.04	\$	18.39
OUTPATIENT VISITS	14,790	20,911	757,205.30		36.21	.114		51.20		4.11
OFFICE VISITS	9,434	12,781	396,781.30		31.04	.069		42.06		2.16
HOME VISITS	116	166	8,990.04		54.16	.001		77.50		.05
EMERGENCY ROOM	5 <b>,</b> 517	6 <b>,</b> 922	313,451.65		45.28	.038		56.82		1.70
PREVENTIVE CARE	134	136	5,359.01		39.40	.001		39.99		.03
OB VISITS/COMPRE PERI	182	635	20,963.79		33.01	.003		115.19		.11
OTHER OUTPATIENT	233	271	11,659.51		43.02	.001		50.04		.06
INPATIENT VISITS	1,714	8,007	422,496.83		52.77	.044		246.50		2.30
HOSPITAL VISITS	1,386	6 <b>,</b> 236	276,840.20		44.39	.034		199.74		1.50
CRITICAL CARE	208	952	120,363.71		126.43	.005		578.67		.65
SNF/ICF/TRANS IP CARE	292	819	25,292.92		30.88	.004		86.62		.14
OPHTHALMOLOGICAL SERVICES	576	664	29,554.36		44.51	.004		51.31		.16
EXAMINATIONS	563	651	29,409.43		45.18	.004		52.24		.16
SERVICES AND MATERIALS	13	13	144.93		11.15	.000		11.15		.00
INPATIENT HOSPITAL SURGERY	909	4,801	425,703.26		88.67	.026		468.32		2.31
PRINCIPAL SURGEON	612	855	328,631.59		384.36	.005		536.98		1.79
ASSISTANT SURGEON	52	55	11,054.16		200.98	.000		212.58		.06
ANESTHESIOLOGIST	370	3 <b>,</b> 891	86,017.51		22.11	.021		232.48		.47
OUTPATIENT SURGERY	1,836 1,500	4,805	355,113.32		73.90	.026		193.42		1.93
PRINCIPAL SURGEON	1,500	2,121	290,880.59		137.14	.012		193.92		1.58
ASSISTANT SURGEON	21	21	2,175.47		103.59	.000		103.59		.01
ANESTHESIOLOGIST	429	2,663	62,057.26		23.30	.014		144.66		.34
DIALYSIS	429 104 2 246	245	30,157.31		123.09	.001		289.97		.16
PATHOLOGY	2,246	4,619	72,071.63		15.60	.025		32.09		.39
RADIOLOGY	2,246 5,675	9 <b>,</b> 533	370,799.92		38.90	.052		65.34		2.01
PSYCHIATRY	16	19	519.26		27.33	.000		32.45		.00
IMMUNIZATION AND INJECTION	654	5,180	395,632.77		76.38	.028		604.94		2.15
OTHER SERVICES/ALL X-OVERS	9,900	30,866	525,893.85		17.04	.168		53.12		2.86
@PHARMACY	82 <b>,</b> 555		\$	\$	41.57	3.527	\$	326.94	\$	146.64
PRESCRIPTION DRUGS	81,727	317 <b>,</b> 771	26,182,994.36		82.40	1.727		320.37		142.26
SNF/ICF	1,800	12,033	1,014,910.48		84.34	.065		563.84		5.51
OUTPATIENTS	80,098	305,738	25,168,083.88		82.32	1.661		314.22		136.74
MEDICAL SUPPLIES	5.757	331,476	807,466.66		2.44	1.801		140.26		4.39
@DENTIST	10,710 7,614	45,554	\$ 1,768,258.75	\$	38.82	.248	\$	165.10	\$	9.61
VISITS - DIAGNOSTIC	7,614	28 <b>,</b> 976	432,880.06		14.94	.157		56.85		2.35
ORAL SURGERY	1,393	3,619	202,219.63		55.88	.020		145.17		1.10
DRUGS	47	51	779.36		15.28	.000		16.58		.00
ANESTHESIA	104	107	9,380.00		87.66	.001		90.19		.05
PERIODONTICS	339	445	71,239.00		160.09	.002		210.14		.39
ENDODONTICS	579	994	136,632.00		137.46	.005		235.98		.74
RESTORATIVE DENTISTRY	3,448	9,009	636,851.05		70.69	.049		184.70		3.46
PROSTHETICS	79	83	1,940.60		23.38	.000		24.56		.01
DENTURES, STAYPLATES	685	1,847	236,892.78		128.26	.010		345.83		1.29
SPACE MAINTAINERS	52	67	6,689.65		99.85	.000		128.65		.04
MAXILLOFACIAL SERVICES	29	37	5,096.85		137.75	.000		175.75		.03
FRACTURES, DISLOCATIONS	3	4	3,250.00		812.50	.000		1083.33		.02
ORTHODONTIC SERVICES	209	267	24,208.47		90.67	.001		115.83		.13
ALL OTHER SERVICES	38	48	199.30		4.15	.000		5.24		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,610

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

SONOMA COUNTY	SUMMARY OF SER	VICES FOR CASH GRAN	Т							
								NTHLY AVERA	ΔGE	
184,054 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	2 <b>,</b> 977	8,831 \$		191,327.22	\$		.048	•	\$	
DIAGNOSTIC AND ANC. PROCED	1,339	1,398		63,265.93		45.25	.008	47.25		.34
EYE APPLIANCES	2 <b>,</b> 270	6 <b>,</b> 826		107,176.53		15.70	.037	47.21		.58
OTHER OPTOMETRIC SERVICES	418	607		20,884.76		34.41	.003	49.96		.11
@CHIROPRACTOR	359	743 \$			\$	16.53	.004		\$	.07
VISITS	339	710		11,787.60		16.60	.004	34.77		.06
OTHER SERVICES	21	33		491.28		14.89	.000	23.39		.00
@PODIATRIST	1,409	2,438 \$		33,987.73	\$	13.94	.013	\$ 24.12	\$	.18
MEDICINE/INJECTIONS	352	428		11,196.26		26.16	.002	31.81		.06
SURGERY/ANES.	83	124		3,914.09		31.57	.001	47.16		.02
RADIO./PATHOLOGY	26	34		631.44		18.57	.000	24.29		.00
OTHER	1,026	1,852		18,245.94		9.85	.010	17.78		.10
@HOME HEALTH AGENCY	525	25,477 \$			\$	36.71	.138		Ś	
NURSE ANESTHESIST	10	69 \$		454.28	\$	6.58	.000	•		
NURSE MIDWIFE	161	1,515 \$			\$	24.04	.008	\$ 226.22	\$	.20
PEDIATRIC NURSE PRACTITIONER		1 \$		•	\$	40.00	.000			.00
FAMILY NURSE PRACTITIONER	7	9 \$			\$	38.62	.000		\$	
@TOTAL HOSPITAL	27 <b>,</b> 067	128,765 \$				147.52	.700			
HOSP INPATIENT TOTAL	1,949	12,422		15,742,876.49	Y	1267.34	.067	8077.41	Y	85.53
HSC HOSPITALS	199	1,642		2,463,606.59		1500.37	.009	12379.93		13.39
NON-HSC HOSPITAL TOTAL	1,127	6,189		12,725,218.95		2056.10	.034	11291.23		69.14
ACCOMMODATIONS	1,116	6,189		3,892,478.34		628.93	.034	3487.88		21.15
	93			220,157.26				2367.28		1.20
ADMINISTRATIVE DAYS	93	1,059				207.89	.006			
TRANSITIONAL IP CARE		0		578.92		.00	.000	.00		.00
ALL OTHER ACCOM	1,069	5,130		3,671,742.16		715.74	.028	3434.74		19.95
ANCILLARIES	1,123	0		8,832,740.61		.00	.000	7865.31		47.99
INPATIENT CROSSOVERS	645	4,591		554,051.24		120.68	.025	858.99	_	3.01
ALL OTHER INPATIENT	1	0		.29CF	ζ	.00	.000	.290	:R	.00
HOSP OUTPATIENT TOTAL	25,993	116,343		3,252,041.06		27.95	.632	125.11		17.67
MEDICAL	8,996	13,427		501,376.36		37.34	.073	55.73		2.72
SURGERY	1,609	1,879		90,056.31		47.93	.010	55.97		.49
PATHOLOGY	7,655	29,346		359,722.66		12.26	.159	46.99		1.95
RADIOLOGY	4,759	6 <b>,</b> 799		526,051.04		77.37	.037	110.54		2.86
ROOM USE	14,610	21,328		834 <b>,</b> 361.70		39.12	.116	57.11		4.53
CROSSOVERS/ALL OTH OUTPTNT		43,564		940 <b>,</b> 472.99		21.59	.237	75.11		5.11
@COUNTY HOSPITAL TOTAL	92	436 \$		<b>,</b>	\$	83.12	.002		\$	
CO HOSPITAL INPATIENT TOTAL		35		26,694.02		762.69	.000	3336.75		.15
HSC HOSPITALS	7	24		26,159.04		1089.96	.000	3737.01		.14
NON-HSC HOSPITALS TOTAL	0	0		277.02CF	ξ.	.00	.000	.00		.00
ACCOMMODATIONS	0	0		277.02CF	₹	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		277.02CF	₹	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	1	11		812.00		73.82	.000	812.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	84	401		9,544.13		23.80	.002	113.62		.05
MEDICAL	34	52		2,013.43		38.72	.000	59.22		.01
SURGERY	10	14		446.65		31.90	.000	44.67		.00
PATHOLOGY	28	108		1,645.79		15.24	.001	58.78		.01
	20	100		-,010.,0			• 0 0 ±	50.70		• • -

RADIOLOGY	12	27	992.51	36.76	.000	82.71	.01
ROOM USE	39	58	2,560.86	44.15	.000	65.66	.01
CROSSOVERS/ALL OTH OUTPINT	41	142	1,884.89	13.27	.001	45.97	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 14,611
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03
SONOMA COLINTY	STIMMARY OF SERVICES EC	OR CASH GRANT	p				

MOP024	FEE-FOR-SERVICE/						01/17/03
SONOMA COUNTY	SUMMARY OF SERVI	ICES FOR CASH GRANT					
						THLY AVERAGE	
184,054 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	26 <b>,</b> 995	128,329 \$	18,958,679.40	\$ 147.73	.697 \$	·	103.01
COMM HOSP INPATIENT TOTAL	1,941	12,387	15,716,182.47	1268.76	.067	8096.95	85.39
HSC HOSPITALS	192	1,618	2,437,447.55	1506.46	.009	12695.04	13.24
NON-HSC HOSPITALS TOTAL	1,127	6,189	12,725,495.97	2056.15	.034	11291.48	69.14
ACCOMMODATIONS	1,116	6 <b>,</b> 189	3,892,755.36	628.98	.034	3488.13	21.15
ADMINISTRATIVE DAYS	1,116 93 0 1,069 1,123	1,059	220,434.28	208.15	.006	2370.26	1.20
TRANSITIONAL IP CARE	0	0	578.92	.00	.000	.00	.00
ALL OTHER ACCOM	1,069	5,130	3,671,742.16	715.74	.028	3434.74	19.95
ANCILLARIES	1,123	0	8,832,740.61	.00	.000	7865.31	47.99
INPATIENT CROSSOVERS	644	4,580	553,239.24	120.79	.025	859.07	3.01
ALL OTHER INPATIENT	1	0	.29CR	.00	.000	.29CR	.00
COMM HOSP OUTPATIENT TOTAL	25 <b>,</b> 927	115,942	3,242,496.93	27.97	.630	125.06	17.62
MEDICAL	8 <b>,</b> 965	115,942 13,375	499,362.93	37.34	.073	55.70	2.71
SURGERY	1,599	1,865	89,609.66	48.05	.010	56.04	.49
PATHOLOGY	7,631	29,238	358,076.87	12.25	.159	46.92	1.95
RADIOLOGY	4,749	6 <b>,</b> 772	525,058.53	77.53	.037	110.56	2.85
ROOM USE	14,581	21,270	831,800.84	39.11	.116	57.05	4.52
CROSSOVERS/ALL OTH OUTPTNT	12,484	43,422	938,588.10	21.62	.236	75.18	5.10
@STATE HOSPITAL	2,215	74,061 \$	33,874,168.29	\$ 457.38	.402 \$	15293.08 \$	184.04
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2,215	74,061	33,874,168.29	457.38	.402	15293.08	184.04
@NURSING FACILITY	1,257	34,036 \$	4,648,594.01	\$ 136.58	.185 \$	3698.17 \$	25.26
LEV A-INTERMEDIATE	2,215 0 2,215 1,257 0 256	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	256	8,839	1,064,670.27	120.45	.048	4158.87	5.78
LEV B-SUBACUTE FREESTANDING	0	, 0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	21	545	313,032.49	574.37	.003	14906.31	1.70
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	983	24,652	3,270,891.25	132.68	.134	3327.46	17.77
@INTERMEDIATE CARE FACILDD	525	15,972 \$	2,787,392.87	\$ 174.52	.087 \$	5309.32 \$	15.14
ICF DDH	278	8,592	1,279,168.45	148.88	.047	4601.33	6.95
ICF DD	0	, 0	.00	.00	.000	.00	.00
ICF DDN/DDCN	247	7,380	1,508,224.42	204.37	.040	6106.17	8.19
@HEMODIALYSIS TOTAL	583	8,402 \$	602,212.70	\$ 71.67		1032.95 \$	
HOSPITAL BASED	6	153	61,952.40	404.92	.001	10325.40	.34
HEMODIALYSIS CENTER	577	8,249	540,260.30	65.49	.045	936.33	2.94
@REHABILITATION FACILITY	358	6,191 \$	83,496.94	\$ 13.49	.034 \$		.45
HOSPITAL BASED	18	62	2,759.57	44.51	.000	153.31	.01
INDEPENDENT FACILITY	340	6 <b>,</b> 129	80,737.37	13.17	.033	237.46	.44
@LABORATORY FACILITY	6.888	24,061 \$	365,999.40	\$ 15.21	.131 \$		
PATHOLOGY	6,876	24,044	365,729.92	15.21	.131	53.19	1.99
XO AND OTHERS	12	17	269.48	15.85	.000	22.46	.00
@ORGANIZED OUTPATIENT CLINIC		31,961 \$	2,833,274.98	\$ 88.65	.174 \$		
CLINIC	1,516	4,850	119,752.40	24.69	.026	78.99	.65
SURGICENTER	218	441	44,613.51	101.16	.002	204.65	.24
HEROIN DETOX CLINIC	58	826	9,918.06	12.01	.004	171.00	.05
RURAL HEALTH CLINIC	14,368	25,844	2,658,991.01	102.89	.140	185.06	14.45
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES N					PAGE 14,612
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SONOPIA COUNTI	SOMMANT OF SEN	VICES FOR CASH GRANT					
					MON	THLY AVERA	GE
184,054 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17,364	889 <b>,</b> 807 \$	4,441,612.29	\$ 4.99	4.834 \$	255.79	\$ 24.13
DURABLE MED. EQUIP.	1,784	6 <b>,</b> 909	1,080,583.99	156.40	.038	605.71	5.87
BLOOD BANK	1	1	459.00	459.00	.000	459.00	.00
HEARING AID DISPENSERS	147	251	48,069.60	191.51	.001	327.00	.26
MEDICAL TRANSPORTATION	3,128	117,130	671 <b>,</b> 794.27	5.74	.636	214.77	3.65
AMBULANCES/AIR TRANS	1,447	16 <b>,</b> 915	269,547.34	15.94	.092	186.28	1.46
OTHER TRANS	659	89,342	287,480.18	3.22	.485	436.24	1.56
OTHER SERVICES	1,114	10,873	114,766.75	10.56	.059	103.02	.62
ACUPUNCTURE	190	513	8,711.40	16.98	.003	45.85	.05
ADULT DAY HEALTH CARE CTR	261	2,709	179,656.15	66.32	.015	688.34	.98
GENETIC DISEASE TESTING	114	117	8,331.00	71.21	.001	73.08	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	1,535	22 <b>,</b> 715	1,037,134.84	45.66	.123	675.66	5.63
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3 <b>,</b> 257	7,662	94,026.71	12.27	.042	28.87	.51
PHYSICAL THERAPIST	201	1 <b>,</b> 526	19,858.31	13.01	.008	98.80	.11
PORTABLE X-RAY	23	46	659.97	14.35	.000	28.69	.00
PROSTHETIST/ORTHOTISTS	238	897	118,607.79	132.23	.005	498.35	.64
PROSTHETICS	216	869	117,376.21	135.07	.005	543.41	.64
ORTHOTICS	22	28	1,231.58	43.99	.000	55.98	.01
PSYCHOLOGIST	245	646	19,565.36	30.29	.004	79.86	.11
SPEECH AND AUDIOLOGY	915	3,188	162,515.66	50.98	.017	177.61	.88
HOSPICE SERVICES	83	2,001	267,510.32	133.69	.011	3223.02	1.45
NONINST BIRTHING CENTERS	5	5	5,036.15	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	3,051	42 <b>,</b> 501	359,800.34	8.47	.231	117.93	1.95
EPSDT SUPPLEMENTAL SERVICE	9	73	2,567.14	35.17	.000	285.24	.01
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	4,190	680 <b>,</b> 917	356,724.29	.52	3.700	8	35.14	1.94
@CALIF. CHILDREN SERVICES*	1,678	42,701	\$ 3,353,923.30	\$ 78.54	.232	\$ 199	8.76	\$ 18.22
@XOVER EXCLUDING STATE HOSP**	16,057	142,340	\$ 2,343,771.21	\$ 16.47	.773	\$ 14	15.97	\$ 12.73

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,613
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL						0	1/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR 185% PR	OGRAM	- INFANTS	AID CODES 47	69			
						MC	ONTHLY AVERA	GE	
8,746 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COS'	T PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		GIBLE
@TOTAL, ALL PROVIDERS	4,129	13 <b>,</b> 176	\$	1,643,707.89	\$ 124.75	1.507		\$ 1	87.94
@PHYSICIANS SERVICES	1,321	3 <b>,</b> 607	\$	209,834.34	\$ 58.17	.412	\$ 158.85	\$	23.99
OUTPATIENT VISITS	1,022	1,413		44,767.71	31.68	.162	43.80		5.12
OFFICE VISITS	641	949		26,478.08	27.90	.109	41.31		3.03
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	339	372		14,911.02	40.08	.043	43.99		1.70
PREVENTIVE CARE	86	88		3,167.32	35.99	.010	36.83		.36
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	4	4		211.29	52.82	.000	52.82		.02
INPATIENT VISITS	137	936		114,641.23	122.48	.107	836.80		13.11
HOSPITAL VISITS	111	369		20,443.93	55.40	.042	184.18		2.34
CRITICAL CARE	57	567		94,197.30	166.13	.065	1652.58		10.77
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	15	23		1,129.43	49.11	.003	75.30		.13
EXAMINATIONS	15	23		1,129.43	49.11	.003	75.30		.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	32	185		19,049.54	102.97	.021	595.30		2.18
PRINCIPAL SURGEON	22	33		13,495.63	408.96	.004	613.44		1.54
ASSISTANT SURGEON	1	1		389.04	389.04	.000	389.04		.04
ANESTHESIOLOGIST	14	151		5,164.87	34.20	.017	368.92		.59
OUTPATIENT SURGERY	35	82		6,233.22	76.01	.009	178.09		.71
PRINCIPAL SURGEON	26	36		4,887.56	135.77	.004	187.98		.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	10	46		1,345.66	29.25	.005	134.57		.15
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	47	70		941.96	13.46	.008	20.04		.11
RADIOLOGY	148	316		4,185.08	13.24	.036	28.28		.48
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	28	69		6,985.31	101.24	.008	249.48		.80
OTHER SERVICES/ALL X-OVERS	199	513		11,900.86	23.20	.059	59.80		1.36
@PHARMACY	1,524	2,547	\$	54,060.58	\$ 21.23	.291		\$	6.18
PRESCRIPTION DRUGS	1,514	2,381		52,981.39	22.25	.272	34.99		6.06
SNF/ICF	9	10		11,510.20	1151.02	.001	1278.91		1.32
OUTPATIENTS	1,508	2,371		41,471.19	17.49	.271	27.50		4.74
MEDICAL SUPPLIES	24	166		1,079.19	6.50	.019	44.97		.12
@DENTIST	3	4	\$	110.00	\$ 27.50	.000	\$ 36.67	\$	.01
VISITS - DIAGNOSTIC	3	4		110.00	27.50	.000	36.67		.01
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
•	0	0					
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,614
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM -	- INFANTS	AID CODES 47	69		
					MON	THLY AVERA	GE
8,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
• • • • • • • • • • • • • • • • • • • •		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$		-
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0					
OTHER OPTOMETRIC SERVICES	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	U	0 \$	.00	\$ .00	.000 \$		•
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	16	56 \$	4,032.63	\$ 72.01	.006 \$	252.04	\$ .46
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE MIDWIFE	1	2 \$	83.57	\$ 41.79	.000 \$		•
PEDIATRIC NURSE PRACTITIONER	<del>-</del>	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	1,256	3 <b>,</b> 686 \$	1,180,254.74		.421 \$		•
-	53	•			.071		
HOSP INPATIENT TOTAL		625	1,089,914.69	1743.86		20564.43	124.62
HSC HOSPITALS	21	384	591,176.00	1539.52	.044	28151.24	67.59
NON-HSC HOSPITAL TOTAL	32	241	498,738.69	2069.46	.028	15585.58	57.02
ACCOMMODATIONS	32	241	282,148.09	1170.74	.028	8817.13	32.26
ADMINISTRATIVE DAYS	0	0	17.30CR		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	32	241	282,165.39	1170.81	.028	8817.67	32.26
ANCILLARIES	32	0	216,590.60	.00	.000	6768.46	24.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,215	3,061	90,340.05	29.51	.350	74.35	10.33
MEDICAL	420	591	20,041.79	33.91	.068	47.72	2.29
SURGERY	31	34	1,695.33	49.86	.004	54.69	.19
PATHOLOGY	177	596	5,948.39	9.98	.068	33.61	.68
RADIOLOGY	134	152	8,919.73	58.68	.017	66.57	1.02
ROOM USE	1,061	1,348	48,671.61	36.11	.154	45.87	5.57
CROSSOVERS/ALL OTH OUTPTNT	•		5,063.20		.039	19.70	.58
	257	340	•	14.89			
@COUNTY HOSPITAL TOTAL	0	0 \$	24.14	\$ .00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
AMOTTIADITE	0	$\cap$	0.0	0.0	000	0.0	0.0

ANCILLARIES

.00

.00

.000

.00

.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	24.14	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	24.14	.00	.000	.00	.00
ROOM USE	0	•					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,615
MOP024	FEE-FOR-SERVICE/						01/17/03
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR 185% PROGRAM -	- INFANTS	AID CODES 47			
					MON		
8,746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,256	3 <b>,</b> 686 \$	1,180,230.60	\$ 320.19	.421 \$	939.67	\$ 134.95
COMM HOSP INPATIENT TOTAL	53	625	1,089,914.69	1743.86	.071	20564.43	124.62
HSC HOSPITALS	21	384	591,176.00	1539.52	.044	28151.24	67.59
NON-HSC HOSPITALS TOTAL	32	241	498,738.69	2069.46	.028	15585.58	57.02
ACCOMMODATIONS	32	241	282,148.09	1170.74	.028	8817.13	32.26
ADMINISTRATIVE DAYS	0	0	17.30CR		.000	.00	.00
	0	0		.00			.00
TRANSITIONAL IP CARE	-		.00		.000	.00	
ALL OTHER ACCOM	32	241	282,165.39	1170.81	.028	8817.67	32.26
ANCILLARIES	32	0	216,590.60	.00	.000	6768.46	24.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,215	3,061	90,315.91	29.51	.350	74.33	10.33
MEDICAL	420	591	20,041.79	33.91	.068	47.72	2.29
SURGERY	31	34	1,695.33	49.86	.004	54.69	.19
PATHOLOGY	177	596	5,948.39	9.98	.068	33.61	.68
RADIOLOGY	134	152	8,919.73	58.68	.017	66.57	1.02
ROOM USE	1,061	1,348	48,647.47	36.09	.154	45.85	5.56
CROSSOVERS/ALL OTH OUTPTNT	·	340	5,063.20	14.89	.039	19.70	.58
	0		•				
@STATE HOSPITAL	•	0 \$	.00	\$ .00	.000 \$		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$		•
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$		\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
	•	· ·					
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	5 \$	39.36	\$ 7.87	.001 \$	39.36	\$ .00
HOSPITAL BASED	0	1CR	23.60CR	23.60	.000	.00	.00
INDEPENDENT FACILITY	1	6	62.96	10.49	.001	62.96	.01
@LABORATORY FACILITY	74	126 \$	1,460.23	\$ 11.59	.014 \$		
PATHOLOGY	74	126	1,460.23	11.59	.014	19.73	.17
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
770 1110 OTHER!	0	O .	• • • •	• 0 0	• 0 0 0	.00	• • • •

@ORGANIZED OUTPATIENT CLINIC	1,328	1,891	\$	176,117.01	\$	93.13	.216	\$	132.62	\$	20.14
CLINIC	47	82		2,075.41		25.31	.009		44.16		.24
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC				174,041.60			.207				19.90
#CALIF DEPT OF HEALTH SERV	MEDI_CNI CEDVIC	ES AND EXPENDITUR	EC MO	ITTIO		FOR TAN 3				D.	AGE 14,616
			LS MO	NIH-OF-FAIMENI KI	FLOVI	FOR JAN 2	2002 11110	DEC	. 2002	F.	
MOP024	FEE-FOR-SERVICE		000714	T1177.1177	3.50	20000 47	60				01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 185% PR	.OGRAM	- INFANTS	AID	CODES 47					
									HLY AVERA		
8,746 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE			PER		PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	88	1,252	\$	17,715.43	\$	14.15	.143	\$	201.31	\$	2.03
DURABLE MED. EQUIP.	35	135		5,149.06		38.14	.015		147.12		.59
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	17 17	575		6,264.38		10.89			368.49		.72
AMBULANCES/AIR TRANS	17	574		4,464.38		10.89 7.78	.066		368.49 262.61		.51
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.000		1800.00		.21
ACUPUNCTURE	0	1		.00		.00	.000		.00		.00
		0									
ADULT DAY HEALTH CARE CTR	0 12			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	12	12		562.00		46.83	.001		46.83		.06
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	4	9		902.73		100.30	.001		225.68		.10
PROSTHETICS	4	9		902.73		100.30	.001		225.68		.10
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	20	47		4,666.28		99.28	.005		233.31		.53
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00					
	0	0 0 0 0 0					.000		.00		.00
LOCAL EDUCATION AGENCIES	U	U		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	1	4/4		170.98		.36	.054		170.98		.02
@CALIF. CHILDREN SERVICES*		2,502	\$	940,250.98	\$	375.80			7770.67		107.51
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION I	TEM O	NLY;							
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL	LINES	ABOVE.							
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES AB	OVE.								
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR		NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 14,617
MOP024	FEE-FOR-SERVICE		0 110.	01 1111111111111111111111111111111		2011 01111 2			2002		01/17/03
SONOMA COUNTY		ICES FOR 185% PR	OCRAM	- PRECNANT A	TD COI	DES 44 48	49				01/1//05
SONOTA COUNTI	SOMMAN OF SERV	TCES FOR 105% FR	.OOIAM	I NEGNANI A	ID COI	DED 44 40			HLY AVERA	CF.	
8,495 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/17		UNITS/DAY				
0,490 ELIGIBLES	OPERS			EXFENDITORES							COST PER
GMOMAI AII DDOMIDEDG	7 726	OR DAYS OF CARE		6 220 000 62			PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7,736	53,968	\$	6,330,988.63	\$	117.31	6.353		818.38		745.26
@PHYSICIANS SERVICES	2,991	8,807	\$	640,804.23	Ş	72.76	1.037	Ş	214.24	Ş	75.43
OUTPATIENT VISITS	731	1,310		58,811.29		44.89	.154		80.45		6.92
OFFICE VISITS	207	260		10,100.13		38.85	.031		48.79		1.19
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	245	270		13,187.73		48.84	.032		53.83		1.55

PREVENTIVE CARE	9	9	380.29	42.25	.00	1	42.25	.04
OB VISITS/COMPRE PERI	310	767	34,937.74	45.55	.09	0	112.70	4.11
OTHER OUTPATIENT	4	4	205.40	51.35	.00	0	51.35	.02
INPATIENT VISITS	606	1,239	90,942.76	73.40	.14	6	150.07	10.71
HOSPITAL VISITS	583	969	45,775.07	47.24	.11	4	78.52	5.39
CRITICAL CARE	52	270	45,167.69	167.29	.03	32	868.61	5.32
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.00	0	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.00	0	.00	.00
EXAMINATIONS	0	0	.00	.00	.00	0	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.00	0	.00	.00
INPATIENT HOSPITAL SURGERY	826	3 <b>,</b> 513	399,675.72	113.77	. 41	. 4	483.87	47.05
PRINCIPAL SURGEON	574	589	333,712.56	566.57	.06	9	581.38	39.28
ASSISTANT SURGEON	68	68	12,177.89	179.09	.00	8	179.09	1.43
ANESTHESIOLOGIST	284	2,856	53,785.27	18.83	.33	6	189.38	6.33
OUTPATIENT SURGERY	139	381	17,624.86	46.26	.04	5	126.80	2.07
PRINCIPAL SURGEON	100	129	13,112.04	101.64	.01	. 5	131.12	1.54
ASSISTANT SURGEON	0	0	.00	.00	.00	0	.00	.00
ANESTHESIOLOGIST	46	252	4,512.82	17.91	.03	0	98.10	.53
DIALYSIS	0	0	.00	.00	.00	0	.00	.00
PATHOLOGY	346	495	10,272.86	20.75	.05	8	29.69	1.21
RADIOLOGY	1,210	1,415	44,472.41	31.43	.16	7	36.75	5.24
PSYCHIATRY	0	0	.00	.00	.00	0	.00	.00
IMMUNIZATION AND INJECTION	22	31	873.50	28.18	.00	4	39.70	.10
OTHER SERVICES/ALL X-OVERS	251	423	18,130.83	42.86	.05	0	72.23	2.13
@PHARMACY	1,781	3,802	\$ 115,563.03	\$ 30.40	. 4	8	\$ 64.89	\$ 13.60
PRESCRIPTION DRUGS	1,612	2,979	74 <b>,</b> 957.78	25.16	.35	1	46.50	8.82
SNF/ICF	0	0	.00	.00	.00	0	.00	.00
OUTPATIENTS	1,612	2,979	74 <b>,</b> 957.78	25.16	.35	1	46.50	8.82
MEDICAL SUPPLIES	293	823	40,605.25	49.34	.09	7	138.58	4.78
@DENTIST	30	91	\$ 923.50	\$ 10.15	.01	.1	\$ 30.78	\$ .11
VISITS - DIAGNOSTIC	25	70	363.50	5.19	.00	8	14.54	.04
ORAL SURGERY	4	5	340.00	68.00	.00	1	85.00	.04

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.01
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.01
	1	3		.00		.00	.000		.00		.00
ENDODONTICS	1	3									
RESTORATIVE DENTISTRY	4	8		.00		.00	.001		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		65.00		65.00	.000		65.00		.01
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	Р	AGE 14,618
MOP024	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM -	PREGNANT A	ID CO	DES 44 48	49				
				-			M	ONT	HLY AVERA	GE	
8,495 ELIGIBLES	USERS	UNITS OF SERVIC	'F.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
0,130 EE101BEE0	OBERS	OR DAYS OF CAR		EMILINDITIONED		UNIT/DAY		_	USER		ELIGIBLE
@OPTOMETRIST	0	010 27170 07 07110	\$	.00	\$	.00	.000	¢	.00		.00
-	0	0	Ÿ	.00	Y	.00	.000	٧	.00	Y	.00
DIAGNOSTIC AND ANC. PROCED	0	0									
EYE APPLIANCES	•	-		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	239	450	Ś		\$	55.31	.053	Ś	104.15	\$	2.93
NURSE ANESTHESIST	1	7	Ś	141.18	\$	20.17		\$	141.18	\$	.02
NURSE MIDWIFE	587	6,893	¢	162,390.99	\$	23.56	.811	\$	276.65	\$	19.12
PEDIATRIC NURSE PRACTITIONER		0,095	ç		\$	.00	.000		.00	\$	.00
	0	0	ې د	.00		.00					
FAMILY NURSE PRACTITIONER	•		۶		\$		.000			\$	.00
@TOTAL HOSPITAL	3,171	17,191	Ş	4,516,685.85		262.74	2.024	Ş	1424.37	Ş	531.69
HOSP INPATIENT TOTAL	801	3,259		4,139,274.34		1270.11	.384		5167.63		487.26
HSC HOSPITALS	24	104		149,681.17		1439.24	.012		6236.72		17.62
NON-HSC HOSPITAL TOTAL	778	3 <b>,</b> 154		3,988,781.17		1264.67	.371		5126.97		469.54
ACCOMMODATIONS	776	3,154		1,944,357.94		616.47	.371		2505.62		228.88
ADMINISTRATIVE DAYS	0	0		11.61CF	R	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	776	3 <b>,</b> 154		1,944,369.55		616.48	.371		2505.63		228.88
ANCILLARIES	778	0		2,044,423.23		.00	.000		2627.79		240.66
INPATIENT CROSSOVERS	1	1		812.00		812.00	.000		812.00		.10
ALL OTHER INPATIENT	1	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,743	13,932		377,411.51		27.09	1.640		137.59		44.43
MEDICAL	250	339		15,281.96		45.08	.040		61.13		1.80
SURGERY	382	597		20,367.73		34.12	.070		53.32		2.40
PATHOLOGY	1,365	4,685		58,155.31		12.41	.552		42.60		6.85
RADIOLOGY	1,004	1,113		67,758.71		60.88	.131		67.49		7.98
	•										
ROOM USE	1,349	2,402		85,684.86		35.67	.283		63.52		10.09
CROSSOVERS/ALL OTH OUTPINT	•	4,796	•	130,162.94	<u>_</u>	27.14	.565	~	116.42	<u>~</u>	15.32
@COUNTY HOSPITAL TOTAL	17	91	\$	23,309.53	\$	256.15		Ş	1371.15	Ş	2.74
CO HOSPITAL INPATIENT TOTAL		19		21,095.04		1110.27	.002		3515.84		2.48
HSC HOSPITALS	6	19		21,095.04		1110.27	.002		3515.84		2.48

NON-HSC HOSPITALS TOTAL	0	0		.00	)	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	13	72		2,214.49		30.76	.008	170.35		.26
MEDICAL	2	4		89.93		22.48	.000	44.97		.01
SURGERY	4	5		149.14		29.83	.001	37.29		.02
PATHOLOGY	7	28		589.36	5	21.05	.003	84.19		.07
RADIOLOGY	1	1		28.33		28.33	.000	28.33		.00
ROOM USE	8	18		836.29		46.46	.002	104.54		.10
CROSSOVERS/ALL OTH OUTPINT	7	16		521.44	1	32.59	.002	74.49		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		URES MON	TH-OF-PAYMENT	REPO	RT FOR JAN 2	2002 THRU DE	C 2002	P	PAGE 14,619
MOP024	FEE-FOR-SERVICE					~~~~ 44 40	4.0			01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT	AID	CODES 44 48			~-	
0 405 517675156							MON			
8,495 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		VERAGE COST		COST PER		COST PER
OCCUMUNITED HOODIEST HOUSE	2 1 5 5	OR DAYS OF CA		4 400 076 00		ER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,155 795	17,100 3,240	\$	4,493,376.32 4,118,179.30		262.77 1271.04	2.013 \$ .381	1424.21 5180.10	Ş	528.94 484.78
COMM HOSP INPATIENT TOTAL	18	3,240 85				1512.78		7143.67		15.14
HSC HOSPITALS	778			128,586.13		1264.67	.010 .371	5126.97		469.54
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	776 776	3,154 3,154		3,988,781.17 1,944,357.94		616.47	.371	2505.62		228.88
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0,104		11.61		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	776	3,154		1,944,369.55		616.48	.371	2505.63		228.88
ANCILLARIES	778	0,104		2,044,423.23		.00	.000	2627.79		240.66
INPATIENT CROSSOVERS	1	1		812.00		812.00	.000	812.00		.10
ALL OTHER INPATIENT	1	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,731	13,860		375,197.02		27.07	1.632	137.38		44.17
MEDICAL	248	335		15,192.03		45.35	.039	61.26		1.79
SURGERY	378	592		20,218.59		34.15	.070	53.49		2.38
PATHOLOGY	1,358	4,657		57,565.95		12.36	.548	42.39		6.78
RADIOLOGY	1,003	1,112		67,730.38		60.91	.131	67.53		7.97
ROOM USE	1,341	2,384		84,848.57		35.59	.281	63.27		9.99
CROSSOVERS/ALL OTH OUTPTNT		4,780		129,641.50		27.12	.563	116.58		15.26
@STATE HOSPITAL	0	0	\$	.00			.000 \$		\$	.00
MENTALLY ILL	0	0	т	.00		.00	.000	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00			.000 \$		\$	.00
LEV A-INTERMEDIATE	0	0	·	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	)	.00	.000	.00		.00
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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000		.00	\$	.00
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	0	0 0 4,563		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00 70,731.47		.00	.000		.00		.00
	1,764	4,563	\$	70,731.47	\$	15.50	.537			Ş	8.33
PATHOLOGY	1,764	4,563		/0 <b>,</b> /31.4/		15.50	.537		40.10		8.33
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3,103	10,243	\$	701,936.86	\$	68.53	1.206	\$	226.21	\$	82.63
CLINIC	543	3,875		95,596.74 445.36		24.67	.456		176.05 148.45		11.25
SURGICENTER	3	21		445.36		21.21	.002		148.45		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,567	6,347		605,894.76		95.46	.747				71.32
#CALIF DEPT OF HEALTH SERV			URES MO	ONTH-OF-PAYMENT R	REPORT					PA	GE 14,620
MOP024	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY			PROGRAI	M - PREGNANT A	ATD CO	DES 44 48	49				01/1//00
BONOILL COONIL	SOFIERICE OF SERV	ICDD TOR TOO	1100101		110 00	DD0 11 10	M	וידות∩ו	HIV AVERA	CF -	
8,495 ELIGIBLES	USERS	IINITE OF SERVI	CE	EXPENDITURES	ZVF	PACE COST					OST PER
0,490 ELIGIBLES	OSEKS	OR DAYS OF CA	DF	LAILNDIIONES	DFD	UNIT/DAY	DED ELLO	,	USER		LIGIBLE
@ALL OTHER PROVIDERS	020	1,921	\$	96,920.65					117.05		
DUDADLE MED FOLLD	020	162	۲	50, 520.03	Ą	20.43	.220		67.23		.06
DURABLE MED. EQUIP.	0	162		537.83 .00 .00 .00 13,305.33		3.32	.019				
BLOOD BANK	U	•		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00 295.67		.00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	45	813		13,305.33		16.3/	.096		295.67		1.57
AMBULANCES/AIR TRANS	45	811		10,230.33		12.61	.095		227.34		1.20
OTHER TRANS	0	0		.00		12.61 .00 1537.50	.000		.00		.00
OTHER SERVICES	2	2		3,075.00		1537.50	.000		1537.50		.36
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00 3,075.00 .00		.00	.000		.00		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	642	644		52,800,75		81.99	.076		82.24		6.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00 52.54					.00
		147		.00 7,723.60		52.54	.017		157 62		.91
PORTABLE X-RAY	49 0 80 21	0		.00		.00 63.66 39.43	.000		.00 111.40 135.19		.00
PROSTHETIST/ORTHOTISTS	80	140		8,911.92		63 66	016		111 40		1.05
PROSTHETICS	21	72		2,838.96		39 43	008		135 19		.33
ORTHOTICS	21 67			6,072.96		39.43 89.31 .00	.008		90.64		.71
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		$\cap \cap$					.00
NONINST BIRTHING CENTERS		15		.00 13,641.22		909.41	.000		.00 909.41		1.61
LOCAL EDUCATION AGENCIES	0	1.0		.00		.00	.002		909.41		.00
	0	0				.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00			.000				
RESPIRATORY CARE PRACT.	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	-	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@CALIF. CHILDREN SERVICES*	15	224	\$		\$		.026	Ş	8119.88	Ş	14.34
@XOVER EXCLUDING STATE HOSP**		19		920.45	\$	48.44	.002	Ş	306.82	Ş	.11
0* TOTALS IN THESE LINES ARE											
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAI	L LINE	S ABOVE.							
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV			URES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	•
	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 60-DA	Y POST	PARTUM PROGRAM		AID CODE					
							M				
107 BITCIDIES	HOEDO	INTERC OF CERTIT	O.D.	EADENDIMIDEC	71 7 7 7	DACE COCH	TINITHO / DAY	· C /	COGE DED	_	OCH DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

187 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

OHOHAT ALL DROUTDERS	100	4.5.0	<u> </u>	17 540 00	<u> </u>	20 20	0 440	<u> </u>	140 60	<b>.</b>	00.00
@TOTAL, ALL PROVIDERS	123	458	\$	17,540.20	\$	38.30	2.449		142.60		93.80
@PHYSICIANS SERVICES	25	37	\$	1,162.45	\$	31.42		\$	46.50	Ş	6.22
OUTPATIENT VISITS	10	10		426.18		42.62	.053		42.62		2.28
OFFICE VISITS	6	6		268.00		44.67	.032		44.67		1.43
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4	4		158.18		39.55	.021		39.55		.85
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	5		252.06		50.41	.027		84.02		1.35
HOSPITAL VISITS	3	5		252.06		50.41	.027		84.02		1.35
CRITICAL CARE	U	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	U		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	Ü		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	10		162.93		16.29	.053		18.10		.87
RADIOLOGY	4	7		174.75		24.96	.037		43.69		.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		52.90		52.90	.005		52.90		.28
OTHER SERVICES/ALL X-OVERS	2	4		93.63		23.41	.021		46.82		.50
@PHARMACY	18	23	\$	1,132.89	\$	49.26	.123	\$	62.94	Ş	6.06
PRESCRIPTION DRUGS	17	20		940.33		47.02	.107		55.31		5.03
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	17	20		940.33		47.02	.107		55.31		5.03
MEDICAL SUPPLIES	1	3		192.56		64.19	.016		192.56		1.03
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU 1	DEC	2002	PA	GE 14,622
MOP024	FEE-FOR-SERVICE,										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE					
							Mo				
187 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY:	S (	COST PER	C	OST PER

PER UNIT/DAY PER ELIG

USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	2	5	\$ 112.89	\$ 22.58	.027	\$ 56.45	\$ .60
DIAGNOSTIC AND ANC. PROCED	2	2	70.04	35.02	.011	35.02	.37
EYE APPLIANCES	1	3	42.85	14.28	.016	42.85	.23
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	5	22	\$ 329.46	\$ 14.98	.118	\$ 65.89	\$ 1.76
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	37	167	\$ 7,249.77	\$ 43.41	.893	\$ 195.94	\$ 38.77
HOSP INPATIENT TOTAL	1	2	2,150.00	1075.00	.011	2150.00	11.50
HSC HOSPITALS	1	2	2,150.00	1075.00	.011	2150.00	11.50
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	165	5,099.77	30.91	.882	141.66	27.27
MEDICAL	7	10	341.26	34.13	.053	48.75	1.82
SURGERY	5	5	187.37	37.47	.027	37.47	1.00
PATHOLOGY	17	72	1,203.55	16.72	.385	70.80	6.44

RADIOLOGY	6	7	1,059.16	151.31	.037	176.53	5.66
ROOM USE	24	30	1,038.12	34.60	.160	43.26	5.55
CROSSOVERS/ALL OTH OUTPINT	17	41	1,270.31	30.98	.219	74.72	6.79
@COUNTY HOSPITAL TOTAL	3	5 \$	2,240.12	\$ 448.02	.027	\$ 746.71	\$ 11.98
CO HOSPITAL INPATIENT TOTAL	1	2	2,150.00	1075.00	.011	2150.00	11.50
HSC HOSPITALS	1	2	2,150.00	1075.00	.011	2150.00	11.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3	90.12	30.04	.016	45.06	.48
MEDICAL	1	1	21.04	21.04	.005	21.04	.11
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	69.08	34.54	.011	34.54	.37
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAI	N 2002 THRU	DEC 2002	PAGE 14,623
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	60-DAY PO	ST PARTUM PROGRAM	AID CO			
					M	ONTHLY AVERA	GE

187 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER	.01	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	162	\$ 5,009.65	\$	30.92	.866	\$	147.34	\$	26.79
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	34	162	5,009.65		30.92	.866		147.34		26.79
MEDICAL	6	9	320.22		35.58	.048		53.37		1.71
SURGERY	5	5	187.37		37.47	.027		37.47		1.00
PATHOLOGY	17	72	1,203.55		16.72	.385		70.80		6.44
RADIOLOGY	6	7	1,059.16		151.31	.037		176.53		5.66
ROOM USE	22	28	969.04		34.61	.150		44.05		5.18
CROSSOVERS/ALL OTH OUTPTNT	17	41	1,270.31		30.98	.219		74.72		6.79
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$ .00	\$	.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	29	55	\$	1,451.20	\$	26.39	.294	\$	50.04	\$	7.76
PATHOLOGY	29	55		1,451.20		26.39	.294		50.04		7.76
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	44	141	\$	5,857.04		41.54	.754	\$		\$	31.32
CLINIC	29	123		3,622.85		29.45	.658		124.93		19.37
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	16	18		2,234.19		124.12	.096		139.64		11.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITU	RES MONT	TH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 14,624
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	R 60-DAY	POST PA	ARTUM PROGRAM		AID CODE					
							N	IONT:	HLY AVERA	GE ·	

UNITS OF SERVICE 187 ELIGIBLES **USERS** EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2 8 244.50 30.56 .043 \$ 122.25 \$ 1.31 DURABLE MED. EQUIP. .00 .00 .000 .00 0 0 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 139.50 19.93 .037 139.50 .75 AMBULANCES/AIR TRANS 139.50 19.93 .037 139.50 .75 OTHER TRANS .00 .00 .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 GENETIC DISEASE TESTING 105.00 105.00 .005 105.00 .56 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 \$ .00 .00 @CALIF. CHILDREN SERVICES\* .00 .000 \$ .00 .00 \$ .00 .000 .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\*

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,625

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76 SONOMA COUNTY

SONOMA COUNTY	SUMMARY OF SER	VICES FOR 185%/6	0-DAY	PP AID CODES	44 47 48 49 69				
							NTHLY AVERA		
17,428 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
	11,988	67 <b>,</b> 602	\$	7,992,236.72	\$ 118.22	3.879			458.59
@PHYSICIANS SERVICES	4,337	12,451	\$	<b>,</b>	\$ 68.41	.714		\$	48.88
OUTPATIENT VISITS	1,763	2 <b>,</b> 733		104,005.18	38.06	.157	58.99		5.97
OFFICE VISITS	854	1,215		36,846.21	30.33	.070	43.15		2.11
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	588	646		28,256.93	43.74	.037	48.06		1.62
PREVENTIVE CARE	95	97		3,547.61	36.57	.006	37.34		.20
OB VISITS/COMPRE PERI	310	767		34,937.74	45.55	.044	112.70		2.00
OTHER OUTPATIENT	8	8		416.69	52.09	.000	52.09		.02
INPATIENT VISITS	746	2,180		205,836.05	94.42	.125	275.92		11.81
HOSPITAL VISITS	697	1,343		66,471.06	49.49	.077	95.37		3.81
CRITICAL CARE	109	837		139,364.99	166.51	.048	1278.58		8.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	15	23		1,129.43	49.11	.001	75.30		.06
EXAMINATIONS	15	23		1,129.43	49.11	.001	75.30		.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	858	3,698		418,725.26	113.23	.212	488.02		24.03
PRINCIPAL SURGEON	596	622		347,208.19	558.21	.036	582.56		19.92
ASSISTANT SURGEON	69	69		12,566.93	182.13	.004	182.13		.72
ANESTHESIOLOGIST	298	3,007		58,950.14	19.60	.173	197.82		3.38
OUTPATIENT SURGERY	174	463		23,858.08	51.53	.027	137.12		1.37
PRINCIPAL SURGEON	126	165		17,999.60	109.09	.009	142.85		1.03
	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	56	298							
ANESTHESIOLOGIST	0	298		5,858.48	19.66	.017	104.62		.34
DIALYSIS				.00	.00	.000	.00		.00
PATHOLOGY	402	575		11,377.75	19.79		28.30		.65
RADIOLOGY	1,362	1,738		48,832.24	28.10	.100	35.85		2.80
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION		101		7,911.71	78.33	.006	155.13		.45
OTHER SERVICES/ALL X-OVERS	452	940	_	30,125.32	32.05	.054	66.65	_	1.73
@PHARMACY	3,323	6,372	\$	•	\$ 26.80	.366		Ş	9.80
PRESCRIPTION DRUGS	3,143	5,380		128,879.50	23.96	.309	41.01		7.39
SNF/ICF	9	10		11,510.20	1151.02	.001	1278.91		.66
OUTPATIENTS	3,137	5 <b>,</b> 370		117,369.30	21.86	.308	37.41		6.73
MEDICAL SUPPLIES	318	992		41,877.00	42.21	.057	131.69		2.40
@DENTIST	33	95	\$	•	\$ 10.88	.005		\$	.06
VISITS - DIAGNOSTIC	28	74		473.50	6.40	.004	16.91		.03
ORAL SURGERY	4	5		340.00	68.00	.000	85.00		.02
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00		.01
PERIODONTICS	1	1 3 8		55.00	55.00	.000	55.00		.00
ENDODONTICS	1	3		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	4			.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	1		65.00	65.00	.000	65.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	Ö		.00	.00	.000	.00		.00
ALL OTHER SERVICES	2	2		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,626

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR 185%/60	-DAY PP	AID CODES 4	14 4	/ 48 49 69				~-	
15 400									HLY AVERA	GE.	
17,428 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0		OR DAYS OF CARE		440.00		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	2	5	\$	112.89	\$	22.58	.000	Ş	56.45	Ş	
DIAGNOSTIC AND ANC. PROCED	2	2		70.04		35.02	.000		35.02		.00
EYE APPLIANCES	1	3		42.85		14.28	.000		42.85		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00	_	.00	.000	_	.00	_	.00
@HOME HEALTH AGENCY	255	506	\$		\$	57.16	.029		113.43		1.66
NURSE ANESTHESIST	1	7	\$		\$	20.17		\$	141.18	\$	.01
NURSE MIDWIFE	593	6,917	\$	,	\$	23.54	.397	\$	274.54	\$	9.34
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$	.00		\$		\$	.00
@TOTAL HOSPITAL	4,464	21,044	\$		\$	271.06	1.207	Ş	1277.82	Ş	327.30
HOSP INPATIENT TOTAL	855	3,886		5,231,339.03		1346.20	.223		6118.53		300.17
HSC HOSPITALS	46	490		743,007.17		1516.34	.028		16152.33		42.63
NON-HSC HOSPITAL TOTAL	810	3,395		4,487,519.86		1321.80	.195		5540.15		257.49
ACCOMMODATIONS	808	3 <b>,</b> 395 0		2,226,506.03		655.82	.195		2755.58		127.75
ADMINISTRATIVE DAYS	0	0		28.91CR	(	.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	808	3,395		2,226,534.94		655.83	.195		2755.61		.00 127.76
ANCILLARIES	810	3 <b>,</b> 393		2,261,013.83		.00	.000		2791.38		127.70
INPATIENT CROSSOVERS	1	1		812.00		812.00	.000		812.00		.05
ALL OTHER INPATIENT	1	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,994	17,158		472,851.33		27.56	.985		118.39		27.13
MEDICAL	677	940		35,665.01		37.94	.054		52.68		2.05
SURGERY	418	636		22,250.43		34.98	.036		53.23		1.28
PATHOLOGY	1,559	5,353		65,307.25		12.20	.307		41.89		3.75
RADIOLOGY	1,144	1,272		77,737.60		61.11	.073		67.95		4.46
ROOM USE	2,434	3,780		135,394.59		35.82	.217		55.63		7.77
CROSSOVERS/ALL OTH OUTPTNT		5,177		136,496.45		26.37	.297		98.06		7.83
@COUNTY HOSPITAL TOTAL	20	96	\$		\$			Ś	1278.69	Ś	1.47
CO HOSPITAL INPATIENT TOTAL		21		23,245.04		1106.91	.001		3320.72		1.33
HSC HOSPITALS	7	21		23,245.04		1106.91	.001		3320.72		1.33
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	15	75		2,328.75		31.05	.004		155.25		.13
MEDICAL	3	5		110.97		22.19	.000		36.99		.01
SURGERY	4	5		149.14		29.83	.000		37.29		.01
PATHOLOGY	7	28		589.36		21.05	.002		84.19		.03

RADIOLOGY	1	1	28.33	28.33	.000	28.33	.00
ROOM USE	10	20	929.51	46.48	.001	92.95	.05
CROSSOVERS/ALL OTH OUTPTNT	7	16	521.44	32.59	.001	74.49	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 14,627
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES F	OR 185%/60-DAY	Y PP AID CODES 44 47	48 49 69	76		

BONOIHI COUNTI	DOIMING OF DER	VIOLD 1010 1000/00	o Diii II	TIED CODED	11 17 10 15 05	, 0			
						MC	NTHLY AVERA	AGE ·	
17,428 ELIGIBLES	USERS	UNITS OF SERVICE	₹	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE	₹.		PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,445	20,948	\$	5,678,616.57	\$ 271.08	1.202	\$ 1277.53	\$	325.83
COMM HOSP INPATIENT TOTAL	848	3 <b>,</b> 865		5,208,093.99	1347.50	.222	6141.62		298.83
HSC HOSPITALS	39	469		719,762.13	1534.67	.027	18455.44		41.30
NON-HSC HOSPITALS TOTAL	810	3 <b>,</b> 395		4,487,519.86	1321.80	.195	5540.15		257.49
ACCOMMODATIONS	808	3 <b>,</b> 395		2,226,506.03	655.82	.195	2755.58		127.75
ADMINISTRATIVE DAYS	0	0		28.91C	R .00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	808	3 <b>,</b> 395		2,226,534.94	655.83	.195	2755.61		127.76
ANCILLARIES	810	0		2,261,013.83	.00	.000	2791.38		129.73
INPATIENT CROSSOVERS	1	1		812.00	812.00	.000	812.00		.05
ALL OTHER INPATIENT	1	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3,980	17,083		470,522.58	27.54	.980	118.22		27.00
MEDICAL	674	935		35,554.04	38.03	.054	52.75		2.04
SURGERY	414	631		22,101.29	35.03	.036	53.38		1.27
PATHOLOGY	1,552	5 <b>,</b> 325		64,717.89	12.15	.306	41.70		3.71
RADIOLOGY	1,143	1,271		77,709.27	61.14	.073	67.99		4.46
ROOM USE	2,424	3 <b>,</b> 760		134,465.08	35.76	.216	55.47		7.72
CROSSOVERS/ALL OTH OUTPTNT	1,386	5 <b>,</b> 161		135,975.01	26.35	.296	98.11		7.80
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	5	\$	39.36	\$	7.87	.000	\$	39.36	\$	.00
HOSPITAL BASED	0	1CR		23.60CR		23.60	.000		.00		.00
INDEPENDENT FACILITY	1	6		62.96		10.49	.000		62.96		.00
@LABORATORY FACILITY	1 <b>,</b> 867	4,744	\$	73,642.90	\$	15.52	.272	\$	39.44	\$	4.23
PATHOLOGY	1 <b>,</b> 867	4,744		73,642.90		15.52	.272		39.44		4.23
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4 <b>,</b> 475	12 <b>,</b> 275	\$	883 <b>,</b> 910.91	\$	72.01	.704	\$	197.52	\$	50.72
CLINIC	619	4,080		101,295.00		24.83	.234		163.64		5.81
SURGICENTER	3	21		445.36		21.21	.001		148.45		.03
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,864	8 <b>,</b> 174		782 <b>,</b> 170.55		95.69	.469		202.43		44.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	002 THRU	DEC	2002	PF	AGE 14,628
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 185%/60	)-DAY	PP AID CODES 4	4 47						
							M	ONT:	HLY AVERA	GE -	

USERS		EXPENDITURES				COST PER
						ELIGIBLE
			•			·
43	297	5 <b>,</b> 686.89	19.15		132.25	.33
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
63	1,395	19,709.21	14.13	.080	312.84	1.13
63	1,392	14,834.21	10.66	.080	235.46	.85
0	0	.00	.00	.000	.00	.00
3	3	4,875.00	1625.00	.000	1625.00	.28
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
655	657	53,467.75	81.38	.038	81.63	3.07
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
49	147	7,723.60	52.54	.008	157.62	. 44
0	0	.00	.00	.000	.00	.00
84	149	9,814.65	65.87	.009	116.84	.56
25	81	3,741.69	46.19	.005	149.67	.21
67	68	6,072.96	89.31	.004	90.64	.35
0	0	.00	.00	.000	.00	.00
20	47	4,666.28	99.28	.003	233.31	.27
0	0	.00	.00	.000	.00	.00
15	15	13,641.22	909.41	.001	909.41	.78
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	63 0 3 0 0 655 0 0 49 0 84 25 67 0 20	OR DAYS OF CARE  918	OR DAYS OF CARE         918       3,181       \$       114,880.58         43       297       5,686.89         0       0       .00         0       0       .00         63       1,395       19,709.21         63       1,392       14,834.21         0       0       .00         3       3       4,875.00         0       0       .00         0       0       .00         0       0       .00         655       657       53,467.75         0       0       .00         0       0       .00         0       0       .00         49       147       7,723.60         0       0       .00         44       149       9,814.65         25       81       3,741.69         67       68       6,072.96         0       0       .00         20       47       4,666.28         0       0       .00         15       15       13,641.22         0       0       .00         0       0       .00	OR DAYS OF CARE         PER UNIT/DAY           918         3,181         \$         114,880.58         \$         36.11           43         297         5,686.89         19.15         0         .00         .00           0         0         .00         .00         .00         .00         .00           63         1,395         19,709.21         14.13         10.66         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER LIIG           918         3,181         \$ 114,880.58         \$ 36.11         .183           43         297         5,686.89         19.15         .017           0         0         .00         .00         .00           0         0         .00         .00         .000           63         1,395         19,709.21         14.13         .080           63         1,392         14,834.21         10.66         .080           0         0         .00         .00         .00         .000           3         3         4,875.00         1625.00         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           918         3,181         \$ 114,880.58         \$ 36.11         .183         \$ 125.14           43         297         5,686.89         19.15         .017         132.25           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           63         1,395         19,709.21         14.13         .080         312.84           63         1,392         14,834.21         10.66         .080         235.46           0         0         .00         .00         .00         .00         .00           3         3         4,875.00         1625.00         .000         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00

ALL OTHER PROVIDERS	1	474	170.98	.36	.027	170.98	.01
@CALIF. CHILDREN SERVICES*	136	2,726	\$ 1,062,049.13	\$ 389.60	.156	\$ 7809.18	\$ 60.94
@XOVER EXCLUDING STATE HOSP**	3	19	\$ 920.45	\$ 48.44	.001	\$ 306.82	\$ .05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,629 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY	SUMMARY OF SER	VICES FOR TITLE II DIS	REGARD - AGED	AID CODE	16		
					MON	THLY AVERAG	GE
2,245 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,779	30,293 \$	739,514.09	\$ 24.41	13.494 \$		\$ 329.40
@PHYSICIANS SERVICES	338	1,181 \$	17,429.46	\$ 14.76	.526 \$	51.57	\$ 7.76
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	81.44	40.72	.001	40.72	.04
EXAMINATIONS	2	2	81.44	40.72	.001	40.72	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	10.94	10.94	.000	10.94	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	335	1,178	17,337.08	14.72	.525	51.75	7.72
@PHARMACY	1,581	18,872 \$	420,833.29	\$ 22.30	8.406 \$		•
PRESCRIPTION DRUGS	1,560	6,869	402,276.25	58.56	3.060	257.87	179.19
SNF/ICF	23	145	7,831.05	54.01	.065	340.48	3.49
OUTPATIENTS	1,543	6,724	394,445.20	58.66	2.995	255.64	175.70
MEDICAL SUPPLIES	199	12,003	18,557.04	1.55	5.347	93.25	8.27
@DENTIST	86	273 \$	13,413.00	\$ 49.13	.122 \$		
VISITS - DIAGNOSTIC	58	140	2,634.00	18.81	.062	45.41	1.17
ORAL SURGERY	11	35	2,119.00	60.54	.016	192.64	.94
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	215.00	107.50	.001	107.50	.10
RESTORATIVE DENTISTRY	17	35	2,417.00	69.06	.016	142.18	1.08
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	21	59	5,898.00	99.97	.026	280.86	2.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 14,630
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES F	OR TITLE II D	DISREGARD - AGED	AID CODE	16		
					MO	NTHLY AVERAG	E

SONOMA COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DIS	SREGARD - AGED		AID CODE	16				
							M	ONT	HLY AVERA	GE.	
2,245 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	35	112	\$	1,924.31	\$	17.18	.050	\$	54.98	\$	.86
DIAGNOSTIC AND ANC. PROCED	5	5		237.25		47.45	.002		47.45		.11
EYE APPLIANCES	31	103		1,654.93		16.07	.046		53.38		.74
OTHER OPTOMETRIC SERVICES	2	4		32.13		8.03	.002		16.07		.01
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	62	91	\$	883.37	\$	9.71	.041	\$	14.25	\$	.39
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	62	91		883.37		9.71	.041		14.25		.39
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	283	1,520	\$	61,207.42	\$	40.27	.677	\$	216.28	\$	27.26
HOSP INPATIENT TOTAL	45	275		37,410.51		136.04	.122		831.34		16.66
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	45	275		37,410.51		136.04	.122		831.34		16.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	252	1,245		23,796.91		19.11	.555		94.43		10.60
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	•	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	252 0	1,245	Ċ	23,796.91	÷	19.11	.555	Ċ	94.43	<u>_</u>	10.60
@COUNTY HOSPITAL TOTAL		0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
VIACTITIVIZED	U	O		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	Ô	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		O AND EXPENDING	.00 S MONTH-OF-PAYMENT RI				
			MONTH-OF-PAIMENT RE	EPORT FOR JAN 2	2002 THRU DEC	, 2002	•
	FEE-FOR-SERVICE						01/17/03
SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR TITLE II	DISREGARD - AGED	AID CODE			
					MONT	'HLY AVERAC	GE
2,245 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	283	1,520 \$	61,207.42	\$ 40.27	.677 \$		
COMM HOSP INPATIENT TOTAL	45	275	37,410.51	136.04	.122	831.34	16.66
HSC HOSPITALS	0	2 / 3	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4.5	275	37,410.51	136.04	.122	831.34	16.66
ALL OTHER INPATIENT	0	2 / 3	.00	.00	.000	.00	.00
	252	· · · · · · · · · · · · · · · · · · ·	23,796.91				
COMM HOSP OUTPATIENT TOTAL		1,245		19.11	.555	94.43	10.60
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	252	1,245	23,796.91	19.11	.555	94.43	10.60
@STATE HOSPITAL	0	0 \$	•	\$ .00	.000 \$	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
DEVELOP. DISABLED	30			.00			
@NURSING FACILITY		629 \$	71,511.55		.280 \$	2383.72	•
LEV A-INTERMEDIATE	1	8	676.96	84.62	.004	676.96	.30
LEV B-REHAB MD	4	120	8,937.00	74.48	.053	2234.25	3.98
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	501	61,897.59	123.55	.223	2475.90	27.57
@INTERMEDIATE CARE FACILDD	0	0 \$	•	\$ .00	.000 \$	.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
	0	0					
ICF DD	U		.00	.00	.000	.00	.00
ICF DDN/DDCN	O	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$		\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
	0						
@LABORATORY FACILITY	U	0 \$		\$ .00	.000 \$	.00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	80 0 9 0 71	169 0 13 0 156	\$	7,648.35 .00 1,754.89 .00 5,893.46	\$	45.26 .00 134.99 .00 37.78	.075 \$ .000 .006 .000	.00 194.99 .00 83.01		3.41 .00 .78 .00 2.63
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		ES N	MONTH-OF-PAYMENT R	EPORI	FOR JAN 2	2002 THRU DE	C 2002	F	PAGE 14,632 01/17/03
SONOMA COUNTY		ICES FOR TITLE I	דם ד	SREGARD - AGED		AID CODE	16			01/1//03
SONOPIA COUNTI	SOMMANT OF SERV	TOES FOR TITLE I	1 0	ISKEGAND AGED		AID CODE	MON	THLY AVERA	GE	
2,245 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	472	7,446	Ś	144,663.34	\$	19.43	3.317 \$			64.44
DURABLE MED. EQUIP.	13	40	т.	11,372.99	4	284.32	.018	874.85	7	5.07
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	20	23		5,038.13		219.05	.010	251.91		2.24
MEDICAL TRANSPORTATION	124	2,671		14,340.41		5.37	1.190	115.65		6.39
AMBULANCES/AIR TRANS	2	4		232.46		58.12	.002	116.23		.10
OTHER TRANS	59	2,020		8,682.29		4.30	.900	147.16		3.87
OTHER SERVICES	71	647		5,425.66		8.39	.288	76.42		2.42
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	33	382		25,458.88		66.65	.170	771.48		11.34
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	178	1,000		71,794.51		71.79	.445	403.34		31.98
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	44	120		1,451.44		12.10	.053	32.99		.65
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	5	10		262.70		26.27	.004	52.54		.12
PROSTHETICS	5	10		262.70		26.27	.004	52.54		.12
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	3	14		48.20		3.44	.006	16.07		.02
SPEECH AND AUDIOLOGY	17	38		594.07		15.63	.017	34.95		.26

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	216	3,148		14,302.01	4.54	1.402	66.21	6.37
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	741	4,086	\$	106,641.53	\$ 26.10	1.820	\$ 143.92	\$ 47.50
A* MOMAIC IN MURCE IINEC ADE CIVEN	T AC A CEDADAMI	TATECDMARTON	THEM OF	ATT V.				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,633
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY	SUMMARY OF SERV	JICES FOR TITLE II D	ISREGARD - BLIND	AID CODES 26	6A		-, -, , , ,
					MONT	HLY AVERA	GE
107 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	80	2,183 \$	35,051.32	\$ 16.06	20.402 \$	438.14	•
@PHYSICIANS SERVICES	14	20 \$	263.64	\$ 13.18	.187 \$	18.83	\$ 2.46
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	20	263.64	13.18	.187	18.83	2.46
@PHARMACY	65	1,356 \$	23,904.53	\$ 17.63	12.673 \$	367.76	\$ 223.41
PRESCRIPTION DRUGS	63	261	22,850.52	87.55	2.439	362.71	213.56
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	63	261	22,850.52	87.55	2.439	362.71	213.56
MEDICAL SUPPLIES	8	1,095	1,054.01	.96	10.234	131.75	9.85
@DENTIST	3	18 \$	638.00	\$ 35.44	.168 \$		
VISITS - DIAGNOSTIC	3	11	163.00	14.82	.103	54.33	1.52
ORAL SURGERY	1	6	375.00	62.50	.056	375.00	3.50

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.009		100.00		.93
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
DENTURES, STAYPLATES	0	0				.00	.000				.00
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Ü	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU I	DEC	2002	F	AGE 14,634
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE 1	II DI	SREGARD - BLIND	AID	CODES 26	6A				
							MC	NT	HLY AVERA	GΕ	
107 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	<u>C</u>		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	·	.00	•	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
-	0	0	۲	.00	Ą			۲	.00	ې	
VISITS	0	•				.00	.000				.00
OTHER SERVICES	U	0		.00		.00	.000		.00		.00
@PODIATRIST	4	6	\$	52.32	\$	8.72	.056	Ş	13.08	Ş	.49
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	6		52.32		8.72	.056		13.08		.49
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Ś	.00		\$	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	Ś		\$	.00	.000		.00	¢	.00
@TOTAL HOSPITAL	10	56	¢		\$	40.56	.523		227.15	¢	21.23
HOSP INPATIENT TOTAL	2	32	Y	1,624.00	Y	50.75	.299	Y	812.00	Y	15.18
	0	0					.000		.00		
HSC HOSPITALS	0	0		.00		.00					.00
NON-HSC HOSPITAL TOTAL	U	U		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ü	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	32		1,624.00		50.75	.299		812.00		15.18
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	24		647.53		26.98	.224		71.95		6.05
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
ROOM USE	•			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		24		647.53		26.98	.224		71.95	_	6.05
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00			
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT			.00		.000	.00	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICES		MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,635 01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE		DISDECADO - BITAD	AID CODES 26	67		01/11/03
SONOMA COONTT	SUMMARI OF SERVIC	ES FOR IIILE II	DISKEGARD - BLIND	AID CODES 20	MON	תחוא אוובטא	CF
107 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
101 FFIGIPIES		OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	OR DAIS OF CARE \$	2,271.53	\$ 40.56	.523 \$		
COMM HOSP INPATIENT TOTAL	2	32	1,624.00	50.75	.299	812.00	15.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0		.00		.00	.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0 32	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,624.00	50.75	.299	812.00	15.18
ALL OTHER INPATIENT	U		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	24	647.53	26.98	.224	71.95	6.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	•	.00	.00	.000	.00	.00
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	24	647.53	26.98	.224	71.95	6.05
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		
MENTALLY ILL	U	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0 \$	812.00	\$ .00	.000 \$		•
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	Ü	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0 \$	.00	\$	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00 .000		.00		.00
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	Ś	.00	Ś	.00
PATHOLOGY	0	0	.00	•	.00 .000		.00	7	.00
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0	.00		.00 .000		.00		.00
ACCANTAED CITEDATTENT CITNIC	1	1 \$	33.96			\$		Ċ	.32
CLINIC CLINIC	<u> </u>	,		·	.00 .000		.00	Ÿ	.00
CLINIC	0	0	.00		.00 .000		.00		.00
SURGICENTER	0	0	.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00	2.2	.000		.00		.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV		<u>_</u>	33.96	33	.96 .009		33.96		.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR	JAN 2002 THRU	DEC 2	1002	PA(	GE 14,636
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II D	ISREGARD - BLIND	AID COD					
					I	IHTNOM	JY AVERA	.GE	
107 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE	COST UNITS/DA	YS CO	)ST PER	C	OST PER
		OR DAYS OF CARE		PER UNI	r/day per eli	G	USER	E?	LIGIBLE
@ALL OTHER PROVIDERS	21	726 \$	7,075.34	\$ 9	.75 6.785	\$	336.92	\$	66.12
DURABLE MED. EQUIP.	1	2	76.11	38	.06 .019		76.11		.71
BLOOD BANK	0	0	.00		.00 .000		.00		.00
HEARING AID DISPENSERS	0	0	- 0.0		.00 .000				.00
MEDICAL TRANSPORTATION	3	11	254 80	23	.16 .103		.00 84.93 .00		2.38
AMBILANCES/AIR TRANS	0	0	201.00	23	.00		01.50		.00
OTHER TRANS	0	0	.00		.00 .000		.00		.00
OTHER TRANS	0	1 1	254.00	2.2	.16 .103		84.93		2.38
OTHER SERVICES	3	11	254.80	23			84.93		
ACUPUNCTURE	0	U	.00				.00		.00
ADULT DAY HEALTH CARE CTR	12	7/4	4,930.05	66	.62 .692		410.84		46.08
GENETIC DISEASE TESTING	0	0	.00		.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	13	1,378.51	106	.04 .121		344.63 .00 189.88 .00		12.88
OCCUPATIONAL THERAPIST	0	0	.00		.000		.00		.00
OPTICIAN	2	2	379.76	189	.88 .019		189.88		3.55
PHYSICAL THERAPIST	0	0	.00		.000		.00		.00
PORTABLE X-RAY	0	0	.00		.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.000		.00		.00
PROSTHETICS	0	0	.00		.00		.00		.00
ORTHOTICS	0	0	.00		.00		.00		.00
PSYCHOLOGIST	0	0	0.0		.00		.00		.00
SPEECH AND AUDIOLOGY	0	0	00		.00 .000		.00		.00
HOSPICE SERVICES	0	0	.00		.00 .000		.00		.00
MONINGE BIDEUTHC CENTERS	0	0	.00		.00 .000		.00		.00
TOCAL EDUCATION ACENCIES	0	0	.00		.00 .000		.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	U	.00		.00		.00		
RESPIRATORY CARE PRACT.	U	U	.00		.000		.00		.00
PED SUBACUTE REHAB/WEANING	O	0	.00		.000		.00		.00
ALL OTHER PROVIDERS	1	624	56.11		.09 5.832		56.11		.52
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC  #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  107 ELIGIBLES   @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	0	0 \$	.00	\$			.00		.00
@XOVER EXCLUDING STATE HOSP**	27	63 \$	4,034.05	\$ 64	.03 .589	\$	149.41	\$	37.70
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARA	ATE INFORMATION ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP:	PROPRIATE DETAIL LIN	ES ABOVE.						
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR	JAN 2002 THRU	DEC 2	2002	PAC	GE 14,637
MOP024	FEE-FOR-SERVICE								01/17/03
	CHAMADA OF CERTA		TODEC DIGITED A	TD CODEC	06 66 60				

<sup>2,417</sup> ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

SONOMA COUNTY

@TOTAL, ALL PROVIDERS	1,909	64,096	\$ 1,338,769.32	\$ 20.89	26.519	\$ 70	1.29	\$ 553.90
@PHYSICIANS SERVICES	333	1,563	\$ 66,420.77	\$ 42.50	.647	\$ 19	9.46	\$ 27.48
OUTPATIENT VISITS	16	30	680.49	22.68	.012	4	2.53	.28
OFFICE VISITS	15	29	625.23	21.56	.012	4	1.68	.26
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	1	1	55.26	55.26	.000		5.26	.02
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	1	3	171.70	57.23	.001	17	1.70	.07
HOSPITAL VISITS	1	3	171.70	57.23	.001	17	1.70	.07
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	135.63	33.91	.002	3	3.91	.06
EXAMINATIONS	4	4	135.63	33.91	.002	3	3.91	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	10	40	2,795.63	69.89	.017	27	9.56	1.16
PRINCIPAL SURGEON	7	12	2,200.75	183.40	.005	31	4.39	.91
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	4	28	594.88	21.25	.012	14	8.72	.25
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	13	52	778.87	14.98	.022		9.91	.32
RADIOLOGY	9	20	955.99	47.80	.008	10	6.22	.40
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	8	438	49,173.28	112.27	.181	614	6.66	20.34
OTHER SERVICES/ALL X-OVERS	315	976	11,729.18	12.02	.404	3	7.24	4.85
@PHARMACY	1,667	25 <b>,</b> 827	\$ ,	\$	10.686		7.66	\$ 322.55
PRESCRIPTION DRUGS	1 <b>,</b> 652	8,348	764,578.16	91.59	3.454	46	2.82	316.33

SNF/ICF	3	19	3,058.80	160.99	.008	1019.60	1.27
OUTPATIENTS	1,649	8 <b>,</b> 329	761,519.36	91.43	3.446	461.81	315.07
MEDICAL SUPPLIES	171	17 <b>,</b> 479	15,013.22	.86	7.232	87.80	6.21
@DENTIST	181	693	\$ 29,881.96	\$ 43.12	.287	\$ 165.09	\$ 12.36
VISITS - DIAGNOSTIC	135	442	7,186.50	16.26	.183	53.23	2.97
ORAL SURGERY	12	17	997.00	58.65	.007	83.08	.41
DRUGS	3	4	25.00	6.25	.002	8.33	.01
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	14	16	2,030.00	126.88	.007	145.00	.84
ENDODONTICS	7	9	1,665.00	185.00	.004	237.86	.69
RESTORATIVE DENTISTRY	46	126	9,956.00	79.02	.052	216.43	4.12
PROSTHETICS	2	2	30.00	15.00	.001	15.00	.01
DENTURES, STAYPLATES	21	73	7,610.68	104.26	.030	362.41	3.15
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	381.78	190.89	.001	381.78	.16
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 14,638

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST				OL	COST PER
	OR DAYS OF CARE			PE		PER ELIG		USER		ELIGIBLE
32	83	\$	1,527.17	\$	18.40	.034	\$	47.72	\$	.63
4	4		189.80		47.45	.002		47.45		.08
24	69		1,170.81		16.97	.029		48.78		.48
7	10		166.56		16.66	.004		23.79		.07
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
34	46	\$	489.88	\$	10.65	.019	\$	14.41	\$	.20
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
34	46		489.88		10.65	.019		14.41		.20
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
259	1,455	\$	59,152.43	\$	40.65	.602	\$	228.39	\$	24.47
33	369		34,880.87		94.53	.153		1057.00		14.43
0	0		.00		.00	.000		.00		.00
1	3		5,310.44		1770.15	.001		5310.44		2.20
1	3		1,841.38		613.79	.001		1841.38		.76
0	0		17.300	CR	.00	.000		.00		.01CR
0	0		.00		.00	.000		.00		.00
1	3		1,858.68		619.56	.001		1858.68		.77
1	0		3,469.06		.00	.000		3469.06		1.44
32	366		29,570.43		80.79	.151		924.08		12.23
0	0		.00		.00	.000		.00		.00
237	1,086		24,271.56		22.35	.449		102.41		10.04
4	5		119.35		23.87	.002		29.84		.05
6	8		403.38		50.42	.003		67.23		.17
9	37		431.62		11.67	.015		47.96		.18
	32 4 24 7 0 0 0 34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  32	OR DAYS OF CARE         PER UNIT/DAY           32         83         \$         1,527.17         \$         18.40           4         4         189.80         47.45         24         69         1,170.81         16.97           7         10         166.56         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         16.66         10.00         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100         100	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAY PER ELIG PER UNIT/DAY PER ELIG PER UNIT/DAY PER ELIG PER UNIT/DAY PER ELIG PER UNIT/DAY PER ELIG PER UNITS/DAY PER ELIG PER UNITS/DAY PER ELIG PER UNITS/DAY PER ELIG PER UNITS/DAY PER ELIG PER ELIG PE	USERS	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           32         83         \$ 1,527.17         \$ 18.40         .034         \$ 47.72           4         4         189.80         47.45         .002         47.45           24         69         1,170.81         16.97         .029         48.78           7         10         166.56         16.66         .004         23.79           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           34         46         \$ 489.88         \$ 10.65         .019         \$ 14.41           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         \$ .00         \$ .00         .00         .00           0         0         \$ .00         \$ .00	USERS			

RADIOLOGY	5	11		595.45		54.13	.005	119.09		.25
ROOM USE	8	23		1,513.95		65.82	.010	189.24		.63
CROSSOVERS/ALL OTH OUTPINT	227	1,002		21,207.81		21.17	.415	93.43		8.77
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-O	F-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC 2002	PAC	GE 14,639
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	TITLE I	II DISREG -	DISABLED A	ID COD	ES 36 66	6C			

----- MONTHLY AVERAGE -----2,417 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 259 @COMMUNITY HOSPITAL TOTAL 1,455 \$ 59,152.43 \$ 40.65 .602 \$ 228.39 \$ 24.47 369 34,880.87 94.53 .153 1057.00 COMM HOSP INPATIENT TOTAL 14.43 34,880.87 94.53 .00 .00 5,310.44 1770.15 1,841.38 613.79 17.30CR .00 .00 .00 1,858.68 619.56 3,469.06 .00 29,570.43 80.79 .00 .00 24,271.56 22.35 119.35 23.87 HSC HOSPITALS 0 0 .000 .00 .00 1 .001 NON-HSC HOSPITALS TOTAL 5310.44 2.20 .001 1841.38 ACCOMMODATIONS .76 .00 ADMINISTRATIVE DAYS .000 .01CR .000 .00 TRANSITIONAL IP CARE 3 1,858.68 ALL OTHER ACCOM .001 1858.68 .77 0 1 .000 3469.06 ANCILLARIES 1.44 366 29,570.43 .151 924.08 12.23 INPATIENT CROSSOVERS 0 1,086 ALL OTHER INPATIENT 0 .00 .000 .00 .00 237 COMM HOSP OUTPATIENT TOTAL .449 102.41 10.04 23.87 50.42 11.67 54.13 65.82 5 MEDICAL 4 119.35 .002 29.84 . 0.5 403.38 SURGERY 6 8 .003 67.23 .17 PATHOLOGY 37 431.62 .015 47.96 .18 RADIOLOGY 11 595.45 .005 119.09 .25 23 1,002 ROOM USE 8 1,513.95 .010 189.24 .63 CROSSOVERS/ALL OTH OUTPINT 21,207.81 21.17 .415 93.43 8.77 .00 \$ .00 .00 \$ 0 .000 \$ .00 @STATE HOSPITAL .00 0 0 .00 MENTALLY ILL .00 .000 .00 0 .00 .000 DEVELOP. DISABLED .00 .00 .00 @NURSING FACILITY 12,370.53 224.92 .023 \$ 2474.11 \$ 5.12 0 .000 .00 LEV A-INTERMEDIATE .00 .00 .00 41 4,958.13 120.93 .017 4958.13 2.05 LEV B-REHAB MD 0 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING 0 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 LEV B-REGULAR 14 7,412.40 529.46 .006 1853.10 3.07

.00 \$ .00

.000 \$ .00 \$

.00

@INTERMEDIATE CARE FACIL.-DD

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	24	32	\$	17,212.64	\$	537.90	.013	\$	717.19	\$	7.12
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	24	32		17,212.64		537.90	.013		717.19		7.12
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	21	\$	254.53	\$	12.12	.009	\$	28.28	\$	.11
PATHOLOGY	9	21		254.53		12.12	.009		28.28		.11
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	183	320	\$	16,627.34	\$	51.96	.132	\$	90.86	\$	6.88
CLINIC	1	5		91.91		18.38	.002		91.91		.04
SURGICENTER	2	2		416.42		208.21	.001		208.21		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	180	313		16,119.01		51.50	.129		89.55		6.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2002	THRU	DEC	2002	PA	GE 14,640
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

BONOIHI GOOMII	DOIMMING OF DELIV	VIODO TON TITED IT DI	DIGEO DIGINDEED III	D 00DED 00 00	00		
					MONT		GE
2,417 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	322	34 <b>,</b> 001 \$	355 <b>,</b> 240.69	\$ 10.45	14.067 \$	1103.23	\$ 146.98
DURABLE MED. EQUIP.	27	101	29,441.54	291.50	.042	1090.43	12.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	78	6,462	20,167.28	3.12	2.674	258.55	8.34
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	45	5 <b>,</b> 952	16,878.88	2.84	2.463	375.09	6.98
OTHER SERVICES	40	510	3,288.40	6.45	.211	82.21	1.36
ACUPUNCTURE	6	33	519.06	15.73	.014	86.51	.21
ADULT DAY HEALTH CARE CTR	36	365	24,352.06	66.72	.151	676.45	10.08
GENETIC DISEASE TESTING	1	1	41.00	41.00	.000	41.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	21	8,483	254,151.94	29.96	3.510	12102.47	105.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	45	100	1,567.03	15.67	.041	34.82	.65
PHYSICAL THERAPIST	1	3	1.03	.34	.001	1.03	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	15	117.71	7.85	.006	39.24	.05
SPEECH AND AUDIOLOGY	11	84	3,138.04	37.36	.035	285.28	1.30
HOSPICE SERVICES	1	17	1,823.76	107.28	.007	1823.76	.75
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	48	533.69	11.12	.020	106.74	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	194	18,289	19,386.55	1.06	7.567	99.93	8.02
@CALIF. CHILDREN SERVICES*	0	8CR \$	328.63CF	R \$ 41.08	.003CR\$	.00	\$ .14CR
@XOVER EXCLUDING STATE HOSP**	669	16 <b>,</b> 596 \$	105,956.22	\$ 6.38	6.866 \$	158.38	\$ 43.84
O+ MOMATO TAL MURCH TIMES AND	CTITON AC A CODA	DAME TAIDODAAMTON THEN	ONTE SZ				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 14,641

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

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ALL OTHER SERVICES

MOP024	FEE-FOR-SERVICE/DE								01/1//0
SONOMA COUNTY	SUMMARY OF SERVICE	S FOR	TITLE I	I DISRE	EGARD - FAMILIES	AID CODE			
								NTHLY AVERAGE	
00 ELIGIBLES			SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		R DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$ .00	.000		
@PHYSICIANS SERVICES	0		0	\$	.00	\$ .00	.000		.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		Ō		.00	.00	.000	.00	.00
CRITICAL CARE	0		Õ		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		Ö		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0						
SERVICES AND MATERIALS	· ·				.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$	.00	\$ .00		\$ .00 \$	.00
PRESCRIPTION DRUGS	0		Ō	'	.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		Ō		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		Ő		.00	.00	.000	.00	.00
@DENTIST	0		0	\$	.00	\$ .00		.00 \$ .00 \$	.00
VISITS - DIAGNOSTIC	0		0	Ÿ	.00	.00	.000	.00	.00
	0		0		.00		.000	.00	.00
ORAL SURGERY	0		-			.00			
DRUGS	· ·		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00	.00
ATT OFFICE SERVITORS	0		^		0.0	0.0	0.00	0.0	0.0

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,642 MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

						M	ONT	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	•	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	U	-	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					.00
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000		.00
ROOM USE	0	•		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DEG	C 2002	PAGE 14,643
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MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MOP024 SONOMA COUNTY		/DENTAL ICES FOR TITLE II I	DISREGARD - FAMILIE	S AID CODE	46		
			DISREGARD - FAMILIE	S AID CODE		THLY AVERAG	01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II I			MON'		01/17/03 GE
		ICES FOR TITLE II I UNITS OF SERVICE	DISREGARD - FAMILIE EXPENDITURES	AVERAGE COST	MON'S	COST PER	01/17/03 GE COST PER
SONOMA COUNTY  00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II I UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON' UNITS/DAYS PER ELIG	COST PER USER	01/17/03  GE COST PER ELIGIBLE
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	MON'S UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	01/17/03  GE COST PER ELIGIBLE \$ .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV  USERS  0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONTUNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	01/17/03  GE  COST PER ELIGIBLE \$ .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONTUNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	01/17/03  GE  COST PER  ELIGIBLE  \$ .00  .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV  USERS  0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONTUNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV  USERS  0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONTUNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV  USERS  0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000	COST PER USER .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
GCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$  O 0  O 0  O 0  O 0  O 0  O 0  O 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O S O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O S O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O S O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O S O O O O O O O O O O O O O O O O O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
GCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
GCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
GCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03  GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0	.0	0	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.0	0	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.0	0	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.0	0	.00	.000		.00		.00
LEV B-REGULAR	0	0	.0	0	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .0	0 \$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	.0	0	.00	.000		.00		.00
ICF DD	0	0	.0	0	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.0	0	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$ .0	0 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.0	0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.0	0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$ .0	0 \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.0	0	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.0	0	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$ .0	0 \$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	.0	0	.00	.000		.00		.00
XO AND OTHERS	0	0	.0	0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .0	0 \$	.00	.000	\$	.00	\$	.00
CLINIC	0	0	.0	0	.00	.000		.00		.00
SURGICENTER	0	0	.0	0	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.0	0	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	.0	0	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2002	THRU	DEC 20	002	PAG	E 14,644
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREGARD - FAMIL	IES	AID CODE 46					

SONOMA COUNTI	DOMESTIC OF DELIVE	ICES FOR	111111111111111111111111111111111111111	I DISKI	EGAND FAMILIES	AID CODE	40		
							MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00 \$	.00

01/17/03

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,645 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

SONOMA COUNTY	SUMMARY OF SER	VICES FOR TITLE .	LT DIS	SREGARD				
4 760 FI TOTPI FO			_		31100300 0000			AGE
4,769 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
0-0	2 7 6 2	OR DAYS OF CAR		0 110 004 50	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,768	96,572	\$	2,113,334.73	\$ 21.88	20.250	\$ 560.86	
@PHYSICIANS SERVICES	685	2,764	\$	84,113.87	\$ 30.43	.580		
OUTPATIENT VISITS	16	30		680.49	22.68	.006	42.53	.14
OFFICE VISITS	15	29		625.23	21.56	.006	41.68	.13
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		55.26	55.26	.000	55.26	.01
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	3		171.70	57.23	.001	171.70	.04
HOSPITAL VISITS	1	3		171.70	57.23	.001	171.70	.04
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6		217.07	36.18	.001	36.18	.05
EXAMINATIONS	6	6		217.07	36.18	.001	36.18	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	10	40		2,795.63	69.89	.008	279.56	.59
PRINCIPAL SURGEON	7	12		2,200.75	183.40	.003	314.39	.46
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	28		594.88	21.25	.006	148.72	.12
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	14	53		789.81	14.90	.011	56.42	.17
RADIOLOGY	9	20		955.99	47.80	.004	106.22	.20
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	438		49,173.28	112.27	.092	6146.66	10.31
OTHER SERVICES/ALL X-OVERS	664	2,174		29,329.90	13.49	.456	44.17	6.15
@PHARMACY	3,313	46,055	\$		\$ 26.58	9.657		
PRESCRIPTION DRUGS	3,275	15,478		1,189,704.93	76.86	3.246	363.27	249.47
SNF/ICF	26	164		10,889.85	66.40	.034	418.84	2.28
OUTPATIENTS	3,255	15,314		1,178,815.08	76.98	3.211	362.16	247.18
MEDICAL SUPPLIES	378	30,577		34,624.27	1.13	6.412	91.60	7.26
@DENTIST	270	984	\$	43,932.96	\$ 44.65	.206		
VISITS - DIAGNOSTIC	196	593	4	9,983.50	16.84	.124	50.94	2.09
ORAL SURGERY	24	58		3,491.00	60.19	.012	145.46	.73
DRUGS	3	4		25.00	6.25	.001	8.33	.01
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.04
PERIODONTICS	14	16		2,030.00	126.88	.003	145.00	.43
ENDODONTICS	9	11		1,880.00	170.91	.003	208.89	.39
RESTORATIVE DENTISTRY	63	161		12,373.00	76.85	.034	196.40	2.59
PROSTHETICS	3	3		60.00	20.00	.034	20.00	.01
EVOSTUETTOS	3	3		00.00	20.00	.001	20.00	.01

DENTURES, STAYPLATES	42	132	13,508.68	102.34	.028	321.64	2.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	381.78	190.89	.000	381.78	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 14,646
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR TITLE II I	DISREGARD				
					MON	מסטוע אוויים	`F

SONOMA COUNTY	SUMMARI OF SER	VICES FOR IIII	LE II	DIS	REGARD			M	ONT	HIY AVERA	GE	
4,769 ELIGIBLES	USERS	UNITS OF SERV	VICE		EXPENDITURES	AV	ERAGE COST				.01	COST PER
1,703 221012220	002110	OR DAYS OF (			2111 2112 1 1 0 1 1 2 0		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	67	195		\$	3,451.48	\$	17.70	.041		51.51	Ś	.72
DIAGNOSTIC AND ANC. PROCED	9		9	т	427.05	т	47.45	.002	-	47.45	-	.09
EYE APPLIANCES	55	172			2,825.74		16.43	.036		51.38		.59
OTHER OPTOMETRIC SERVICES	9	14			198.69		14.19	.003		22.08		.04
@CHIROPRACTOR	0			\$	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS	0		0	7	.00	۲	.00	.000	7	.00	Ψ	.00
OTHER SERVICES	0	(	-		.00		.00	.000		.00		.00
@PODIATRIST	100	143	-	\$	1,425.57	\$	9.97	.030	Ś	14.26	Ś	.30
MEDICINE/INJECTIONS	0		0	7	.00	۲	.00	.000	Y	.00	٧	.00
SURGERY/ANES.	0	(	-		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	(	-		.00		.00	.000		.00		.00
OTHER	100	143	-		1,425.57		9.97	.030		14.26		.30
@HOME HEALTH AGENCY	0		) )		.00	\$	.00	.000	ċ	.00	\$	.00
NURSE ANESTHESIST	0		0 5	<b>?</b> ≿	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0			۲ \$	.00	\$	.00	.000	\$	.00	\$	.00
	· ·		0 :	⊋ <b>∴</b>		۶ \$	.00		\$		\$	.00
PEDIATRIC NURSE PRACTITIONER	0	(	-	? \$	.00	۶ \$				.00		
FAMILY NURSE PRACTITIONER	•	`		<b>?</b>	.00		.00		\$	.00	\$	.00
@TOTAL HOSPITAL	552	3,031		P		\$	40.46	.636	Ş		\$	25.71
HOSP INPATIENT TOTAL	80	676			73,915.38		109.34	.142		923.94		15.50
HSC HOSPITALS	0	(	)		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		3		5,310.44		1770.15	.001		5310.44		1.11
ACCOMMODATIONS	1		3 D		1,841.38	_	613.79	.001		1841.38		.39
ADMINISTRATIVE DAYS	0	(	-		17.30CF	Χ.	.00	.000		.00		.00
TRANSITIONAL IP CARE	•		-		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		3		1,858.68		619.56	.001		1858.68		.39
ANCILLARIES	1	(	-		3,469.06		.00	.000		3469.06		.73
INPATIENT CROSSOVERS	79	673			68,604.94		101.94	.141		868.42		14.39
ALL OTHER INPATIENT	0	(	~		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	498	2,355			48,716.00		20.69	.494		97.82		10.22
MEDICAL	4		5		119.35		23.87	.001		29.84		.03
SURGERY	6		8		403.38		50.42	.002		67.23		.08
PATHOLOGY	9	37			431.62		11.67	.008		47.96		.09
RADIOLOGY	5	11			595.45		54.13	.002		119.09		.12
ROOM USE	8	23			1,513.95		65.82	.005		189.24		.32
CROSSOVERS/ALL OTH OUTPTNT		2,271			45,652.25		20.10	.476		93.55		9.57
@COUNTY HOSPITAL TOTAL	0			\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	`	0		.00		.00	.000		.00		.00
ANCILLARIES	0	(	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M	IONTH-OF-PAYMENT REI	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 14,647
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DI	SREGARD				
					MON	THLY AVERA	GE
4,769 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	552	3,031 \$	122,631.38	\$ 40.46	.636 \$		
COMM HOSP INPATIENT TOTAL	80	676	73,915.38	109.34	.142	923.94	15.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	5,310.44	1770.15	.001	5310.44	1.11
ACCOMMODATIONS	1	3	1,841.38	612 70	.001	1841.38	.39
		J	•	613.79			• • • •
ADMINISTRATIVE DAYS	0	0	17.30CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	17.30CR .00	.00	.000	.00	.00
	0 0 1	0 0 3	17.30CR .00 1,858.68	.00	.000	.00 .00 1858.68	.00
TRANSITIONAL IP CARE	0 0 1 1	0 0 3 0	17.30CR .00 1,858.68 3,469.06	.00 .00 619.56 .00	.000	.00 .00 1858.68 3469.06	.00 .00 .39 .73
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 0 1 1 79	0 0 3 0 673	17.30CR .00 1,858.68 3,469.06 68,604.94	.00 .00 619.56 .00 101.94	.000 .000 .001 .000	.00 .00 1858.68 3469.06 868.42	.00 .00 .39 .73 14.39
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 0 1 1 79 0 498	0 0 3 0 673 0 2,355	17.30CR .00 1,858.68 3,469.06	.00 .00 619.56 .00	.000 .000 .001 .000	.00 .00 1858.68 3469.06	.00 .00 .39 .73

119.35

403.38

431.62

595.45

1,513.95

23.87

50.42

11.67

54.13

65.82

.001

.002

.008

.002

.005

29.84

67.23

47.96

119.09

189.24

.03

.08

.09

.12

.32

5

6

9

5

8

37

11

23

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	488	2,271		45,652.25		20.10	.476		93.55		9.57
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	36	684	\$	84,694.08	\$	123.82	.143	\$	2352.61	\$	17.76
LEV A-INTERMEDIATE	1	8	·	676.96	·	84.62	.002		676.96		.14
LEV B-REHAB MD	5	161		13,895.13		86.31	.034		2779.03		2.91
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	30	515		70,121.99		136.16	.108		2337.40		14.70
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	۲	.00	Υ	.00	.000	٧	.00	۲	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	24	32	Ś	17,212.64	\$	537.90	.007	\$	717.19	Ś	3.61
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Ÿ	.00
HEMODIALYSIS CENTER	24	32		17,212.64		537.90	.007		717.19		3.61
@REHABILITATION FACILITY	0	0	Ś	.00	\$	.00	.007	\$	.00	Ś	.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ş	.00
	0	0					.000				.00
INDEPENDENT FACILITY	0	21	\$	.00 254.53	\$	.00		Ś	.00	Ś	.00
@LABORATORY FACILITY	9		Ş		P	12.12	.004	Þ	28.28	Ą	
PATHOLOGY	0	21		254.53		12.12	.004		28.28		.05
XO AND OTHERS	•	0	_	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	264	490	\$	24,309.65	\$	49.61	.103	\$	92.08	\$	5.10
CLINIC	1	5		91.91		18.38	.001		91.91		.02
SURGICENTER	11	15		2,171.31		144.75	.003		197.39		.46
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	252	470		22,046.43		46.91	.099		87.49		4.62
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 14,648
MOP024	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR TITLE	II DI	SREGARD							
4 560 555555			_				M				
4,769 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST			COST PER		OST PER
0	0.1 5	OR DAYS OF CAR		506 000 00		UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	815	42,173	\$	506,979.37	\$	12.02	8.843	Ş		\$	106.31
DURABLE MED. EQUIP.	41	143		40,890.64		285.95	.030		997.33		8.57
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	20	23		5,038.13		219.05	.005		251.91		1.06
MEDICAL TRANSPORTATION	205	9,144		34,762.49		3.80	1.917		169.57		7.29
AMBULANCES/AIR TRANS	2	4		232.46		58.12	.001		116.23		.05
OTHER TRANS	104	7,972		25,561.17		3.21	1.672		245.78		5.36
OTHER SERVICES	114	1,168		8,968.86		7.68	.245		78.67		1.88
ACUPUNCTURE	6	33		519.06		15.73	.007		86.51		.11
ADULT DAY HEALTH CARE CTR	81	821		54,740.99		66.68	.172		675.81		11.48
GENETIC DISEASE TESTING	1	1		41.00		41.00	.000		41.00		.01
IHMC, MODEL-NF, NF, AIDS, MSSP	203	9,496		327,324.96		34.47	1.991		1612.44		68.64
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	91	222		3,398.23		15.31	.047		37.34		.71
PHYSICAL THERAPIST	1	3		1.03		.34	.001		1.03		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
	U	0		• 0 0		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	5 5	10		262.70		26.27	.002		52.54		.06

262.70

165.91

3,732.11

.00

52.54

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27.65

133.29

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SPEECH AND AUDIOLOGY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

0

6

28

10

0

29

122

HOSPICE SERVICES	1	17		1,823.76	107.28	.004	1823.76	.38
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	48		533.69	11.12	.010	106.74	.11
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	411	22,061		33,744.67	1.53	4.626	82.10	7.08
@CALIF. CHILDREN SERVICES*	0	8CR	\$	328.63CR \$	41.08	.002CR\$	.00 \$	.07CR
@XOVER EXCLUDING STATE HOSP**	1,437	20,745	\$	216,631.80 \$	10.44	4.350 \$	150.75 \$	45.42
@* TOTALS IN THESE LINES ARE GIVEN	J AS A SEPARATE	TNFORMATION T	TEM ONLY	7:				

\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,649 #CALIF DEPT OF HEALTH SERV 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

Note	COST PER ELIGIBLE 434.32 4.71 .00 .00 .00
OR DAYS OF CARE  @TOTAL, ALL PROVIDERS 726 @PHYSICIANS SERVICES 111 302 \$4,165.84 \$13.79 .342 \$37.53 \$ OUTPATIENT VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ELIGIBLE 434.32 4.71 .00 .00 .00
@TOTAL, ALL PROVIDERS       726       22,216       \$ 383,938.94       \$ 17.28       25.131       \$ 528.84       \$ 94,165.84       \$ 13.79       .342       \$ 37.53       \$ 0UTPATIENT VISITS       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00 <td>434.32 4.71 .00 .00 .00</td>	434.32 4.71 .00 .00 .00
@PHYSICIANS SERVICES         111         302         \$ 4,165.84         \$ 13.79         .342         \$ 37.53         \$ 0UTPATIENT VISITS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00<	4.71 .00 .00 .00
OUTPATIENT VISITS       0       0       .00       .00       .00       .00         OFFICE VISITS       0       0       .00       .00       .00       .00         HOME VISITS       0       0       .00       .00       .00       .00	.00 .00 .00
OFFICE VISITS       0       0       .00       .00       .00       .00         HOME VISITS       0       0       .00       .00       .00       .00       .00	.00 .00 .00
HOME VISITS 0 0 .00 .00 .00 .00	.00
	.00
EMERGENCY ROOM 0 0 .00 .00 .00 .00	
	.00
PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00	
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00	.00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00 .00	.00
INPATIENT VISITS 0 0 .00 .00 .00 .00 .00	.00
HOSPITAL VISITS 0 0 .00 .00 .00 .00 .00	.00
CRITICAL CARE 0 0 0 .00 .00 .00 .00	.00
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
PSYCHIATRY 0 0 .00 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 111 302 4,165.84 13.79 .342 37.53	4.71
@PHARMACY 539 12,531 \$ 145,814.99 \$ 11.64 14.175 \$ 270.53 \$	164.95
PRESCRIPTION DRUGS 521 2,352 136,735.05 58.14 2.661 262.45	154.68
SNF/ICF 18 67 3,971.22 59.27 .076 220.62	4.49
OUTPATIENTS 505 2,285 132,763.83 58.10 2.585 262.90	150.19
MEDICAL SUPPLIES 92 10,179 9,079.94 .89 11.515 98.70	10.27
@DENTIST 21 62 \$ 3,424.00 \$ 55.23 .070 \$ 163.05 \$	3.87
VISITS - DIAGNOSTIC 12 37 575.00 15.54 .042 47.92	.65
ORAL SURGERY 2 7 508.00 72.57 .008 254.00	.57

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		.00		.00	.001		.00		.00
RESTORATIVE DENTISTRY	5	11		891.00		81.00	.012		178.20		1.01
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	6		1,450.00		241.67	.007		362.50		1.64
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ŭ	ES M	ONTH-OF-PAYMENT RE	EPORT			DEC		P	AGE 14,650
MOP024	FEE-FOR-SERVICE/I		.H. CH.	ONTH OF TATMENT IN	DI OIVI	TON OAN 2	2002 11110	DEC	2002	Ι.	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE		SIID	PORT - AGED		AID CODE	1.8				01/11/05
SONOPA COUNTI	BOMMAN OF BENVIN	CES FOR IN HOME	DOI	IONI AGED		AID CODE	M	ОМТ	HIV AVERA	CF	
884 ELIGIBLES	USERS (	JNITS OF SERVICE		EXPENDITURES	7/1/17		UNITS/DAY		COST PER		COST PER
004 EHIGIDHES	OSERS	OR DAYS OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	21	\$	383.07	\$	18.24	.024		63.85		.43
DIAGNOSTIC AND ANC. PROCED	2	2	Ą	94.90	Ą	47.45	.024	Ą	47.45	Ą	.43
	2					15.17			48.03		
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	19		288.17			.021				.33
	0	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	<u>_</u>	.00
@CHIROPRACTOR	0	•	\$	.00	\$	.00	.000	\$	.00	Þ	.00
VISITS	•	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	22	37	\$	579.65	\$	15.67	.042	Ş	26.35	Ş	.66
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	22	37		579.65		15.67	.042		26.35		.66
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	116	733	\$	30 <b>,</b> 258.70	\$	41.28	.829	\$	260.85	\$	34.23
HOSP INPATIENT TOTAL	20	209		18,203.06		87.10	.236		910.15		20.59
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	20	209		18,203.06		87.10	.236		910.15		20.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	101	524		12,055.64		23.01	.593		119.36		13.64
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		524		12,055.64		23.01	.593		119.36		13.64
ACCIDITY HORDITAL TOTAL		0_1	Ċ	12,000.01	Ċ	00	000	Ċ		Ċ	0.0

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@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CO HOSPITAL INPATIENT TOTAL

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NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	· ·	•	DEC MO					D:	AGE 14,651
MOP024	FEE-FOR-SERVICE/		KES MO	NIH-OF-FAIMENI K	EFORT FOR JAN	ZUUZ IHKU DE	C 2002	FF	01/17/03
SONOMA COUNTY	SUMMARY OF SERVI		E SIIPP	ORT - AGED	AID CODE	. 18			01/1//05
SONOIRI GOOMII		020 1010 11011	L DOII	01(1 11022	1110 0001	MON	THLY AVERA	GE -	
884 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	AVERAGE COST			-	COST PER
OOT HEIGIDEED	OBLIG	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	733	\$	30,258.70	\$ 41.28	.829 \$			34.23
COMM HOSP INPATIENT TOTAL	20	209	т	18,203.06	87.10	.236	910.15	т	20.59
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000			.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	2.0	209		18,203.06	87.10	.236	910.15		20.59
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	101	524		12,055.64	23.01	.593	119 36		13.64
MEDICAL	0	0		.00	.00	.000	119.36		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	· ·	524		12,055.64	23.01	.593	119.36		13.64
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$		Ś	.00
MENTALLY ILL	0	0	Y	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	27	520	Ś	64,631.91	\$ 124.29		2393.77	Ċ	73.11
LEV A-INTERMEDIATE	0	0	۲	.00	.00	.000	.00	Y	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	T 0 0		.00	104.00		.00		.00

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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15

15

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64,631.91

10,784.34

10,784.34

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.000 \$

.023 \$

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	48	90	\$	7,952.11	\$	88.36	.102	\$	165.67	\$	9.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		413.00		206.50	.002		206.50		.47
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	46	88		7,539.11		85.67	.100		163.89		8.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 14,652
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR IN HOM	E SUI	PPORT - AGED		AID CODE	18				
							M	TNOI	HLY AVERA	GE -	
884 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG	;	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	313	7,900	\$	115,944.33	\$	14.68	8.937	\$	370.43	\$	131.16
DURABLE MED. EQUIP.	16	54		5,989.31		110.91	.061		374.33		6.78
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	5		1,799.62		359.92	.006		599.87		2.04
MEDICAL TRANSPORTATION	45	1,158		7,105.52		6.14	1.310		157.90		8.04
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	23	863		5,374.50		6.23	.976		233.67		6.08
OTHER SERVICES	27	295		1,731.02		5.87	.334		64.11		1.96
ACUPUNCTURE	4	10		173.01		17.30	.011		43.25		.20
ADULT DAY HEALTH CARE CTR	30	364		24,232.01		66.57	.412		807.73		27.41
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	174	1,052		67,492.02		64.16	1.190		387.89		76.35
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	5	11		138.55		12.60	.012		27.71		.16
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	795.79	265.26	.003	397.90	.90
HOSPICE SERVICES	4	35	3,620.70	103.45	.040	905.18	4.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	110	5,208	4,597.80	.88	5.891	41.80	5.20
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	296	3,661	\$ 64,229.53	\$ 17.54	4.141	\$ 216.99	\$ 72.66

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,653 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY	SUMMARY OF SERV	TOTA FOR	TN HOME	CIIDDODT	- BITND		AID CODE	2.8				01/1/00
SONOPIA COUNTI	SOMMANT OF SERV	VICES FOR	IN HOME	SOFFORT	DITIND		AID CODE	MO	тиис	HIY AVERA	GE -	
29 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
29 111011110	ODLING	OR DAYS			DIN DIVERS		UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	19	OIC DIIID	460	\$	18,557.47	\$	40.34	15.862	Ś	976.71		
@PHYSICIANS SERVICES	4		16	Ś	938.76	\$	58.67	.552		234.69		32.37
OUTPATIENT VISITS	3		4	•	153.85		38.46	.138		51.28		5.31
OFFICE VISITS	2		3		85.50		28.50	.103		42.75		2.95
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1		1		68.35		68.35	.034		68.35		2.36
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1		2		121.59		60.80	.069		121.59		4.19
EXAMINATIONS	1		2		121.59		60.80	.069		121.59		4.19
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2		2		555.69		277.85	.069		277.85		19.16
PRINCIPAL SURGEON	2		2		555.69		277.85	.069		277.85		19.16
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		1		48.20		48.20	.034		48.20		1.66
RADIOLOGY	1		1		6.92		6.92	.034		6.92		.24
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2		6	ć	52.51	ć	8.75	.207	Ċ	26.26	Ċ	1.81
@PHARMACY	17		64	Þ	,	\$	41.52	2.207	Ş	156.31	Ş	91.63
PRESCRIPTION DRUGS	16		59		2,422.79		41.06	2.034		151.42		83.54

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	1	12	545.37	45.	45 .414	545.37	18.81
OUTPATIENTS	15	47	1,877.42	39.	95 1.621	125.16	64.74
MEDICAL SUPPLIES	2	5	234.47	46.	89 .172	117.24	8.09
@DENTIST	0	0 5	.00	\$.	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00		.000	.00	.00
ORAL SURGERY	0	0	.00		.000	.00	.00
DRUGS	0	0	.00		.000	.00	.00
ANESTHESIA	0	0	.00		.000	.00	.00
PERIODONTICS	0	0	.00		.000	.00	.00
ENDODONTICS	0	0	.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00		.000	.00	.00
PROSTHETICS	0	0	.00		.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.000	.00	.00
SPACE MAINTAINERS	0	0	.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT	REPORT FOR	JAN 2002 THRU	DEC 2002	PAGE 14,654
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

----- MONTHLY AVERAGE -----29 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$ .00 \$ .00 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 EYE APPLIANCES Ω Ω .00 .00 .000 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES Ω .00 .00 . 00 .00 \$ .00 .00 \$ @CHIROPRACTOR .000 \$ . 00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .00 .000 .00 16.00 \$ 16.00 16.00 \$ @PODIATRIST .034 \$ .55 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 16.00 1 16.00 .034 16.00 OTHER .00 \$ .00 .000 \$ .00 \$ @HOME HEALTH AGENCY 0 .00 .00 \$ NURSE ANESTHESIST .00 \$ .000 \$ .00 0 .000 \$ NURSE MIDWIFE .00 \$ .00 .00 \$ .00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 \$ .00 .00 \$ .00 0 .00 \$ FAMILY NURSE PRACTITIONER .00 .00 .000 \$ .00 @TOTAL HOSPITAL 7,486.22 \$ 325.49 .793 \$ 2495.41 \$ 258.15 1786.80 HOSP INPATIENT TOTAL 7,147.19 .138 7147.19 246.45 HSC HOSPITALS 0 .00 . 00 .000 .00 . 00 7,147.19 NON-HSC HOSPITAL TOTAL 1786.80 .138 7147.19 246.45 2,478.24 619.56 2478.24 85.46 ACCOMMODATIONS .138 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM 2,478.24 619.56 .138 2478.24 85.46 0 4,668.95 .00 .000 4668.95 161.00 ANCILLARIES .00 17.84 23.88 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 0 .00 .00 .000 .00 ALL OTHER INPATIENT 3 19 .655 HOSP OUTPATIENT TOTAL 339.03 113.01 11.69 MEDICAL 71.63 .103 35.82 2.47 .00 SURGERY .00 .000 .00 154.03 12.84 PATHOLOGY .414 51.34 5.31

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	94.50	31.50	.103	47.25	3.26
CROSSOVERS/ALL OTH OUTPINT	1	1	18.87	18.87	.034	18.87	.65
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 14,655
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT - BLIND	AID CODE	28		
					MON	THLY AVERAG	E

						MO	NTHLY AVERA	GE -	
29 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E:	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	23	\$	7,486.22	\$ 325.49	.793	\$ 2495.41	\$	258.15
COMM HOSP INPATIENT TOTAL	1	4		7,147.19	1786.80	.138	7147.19		246.45
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	4		7,147.19	1786.80	.138	7147.19		246.45
ACCOMMODATIONS	1	4		2,478.24	619.56	.138	2478.24		85.46
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	4		2,478.24	619.56	.138	2478.24		85.46
ANCILLARIES	1	0		4,668.95	.00	.000	4668.95		161.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	19		339.03	17.84	.655	113.01		11.69
MEDICAL	2	3		71.63	23.88	.103	35.82		2.47
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	12		154.03	12.84	.414	51.34		5.31
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	2	3		94.50	31.50	.103	47.25		3.26
CROSSOVERS/ALL OTH OUTPTNT	1	1		18.87	18.87	.034	18.87		.65
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000		\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	26	\$	3,674.06	\$	141.31	.897	\$	3674.06	\$	126.69
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	26		3,674.06		141.31	.897		3674.06		126.69
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	24.81	\$	12.41	.069	\$	24.81	\$	.86
PATHOLOGY	1	2		24.81		12.41	.069		24.81		.86
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	448.10	\$	149.37	.103	\$	224.05	\$	15.45
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	3		448.10		149.37	.103		224.05		15.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-	OF-PAYMENT	REPORT	FOR JAN 20	02 THRU	DEC	2002	P <i>I</i>	AGE 14,656
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 2	8				

SONOMA COUNTI	SUMMANI OF SEV	VICES FOR IN HOME SUF	FORT - DITIND	AID CODE	20		
					MON	THLY AVERA	GE
29 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	325 \$	3,312.26	\$ 10.19	11.207 \$	828.07	\$ 114.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	301	1,780.90	5.92	10.379	593.63	61.41
AMBULANCES/AIR TRANS	1	6	154.80	25.80	.207	154.80	5.34
OTHER TRANS	3	295	1,626.10	5.51	10.172	542.03	56.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	22	1,478.09	67.19	.759	492.70	50.97
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	53.27	26.64	.069	53.27	1.84
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@XOVER EXCLUDING STATE HOSP**	3	8 \$	108.71	\$ 13.59	.276 \$	36.24	\$ 3.75

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,657 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

DONOMA COUNTI	DOMMANT OF DER	VICES FOR IN HOME SOLLO	עמעמאניט	AID CODE	00		
					MON	ITHLY AVERA	GE
608 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	498	41,849 \$	698,945.96	\$ 16.70	68.831	1403.51	\$ 1149.58
@PHYSICIANS SERVICES	71	180 \$	6,874.97	\$ 38.19	.296	96.83	\$ 11.31
OUTPATIENT VISITS	23	34	1,355.13	39.86	.056	58.92	2.23
OFFICE VISITS	18	26	810.84	31.19	.043	45.05	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	5	480.61	96.12	.008	120.15	.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	63.68	21.23	.005	31.84	.10
INPATIENT VISITS	5	10	776.05	77.61	.016	155.21	1.28
HOSPITAL VISITS	5	6	289.65	48.28	.010	57.93	.48
CRITICAL CARE	2	4	486.40	121.60	.007	243.20	.80
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	79.72	39.86	.003	39.86	.13
EXAMINATIONS	2	2	79.72	39.86	.003	39.86	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	617.61	205.87	.005	205.87	1.02
PRINCIPAL SURGEON	3	3	617.61	205.87	.005	205.87	1.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	7	1,526.26	218.04	.012	305.25	2.51
PRINCIPAL SURGEON	5	7	1,526.26	218.04	.012	305.25	2.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	67.48	33.74	.003	67.48	.11

RADIOLOGY	14	22		544.58		24.75	.036		38.90		.90
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	44	100		1,908.14		19.08	.164		43.37		3.14
@PHARMACY	395	23,508	\$	187,546.99	\$	7.98	38.664	\$	474.80	\$	308.47
PRESCRIPTION DRUGS	379	1,900		171,128.34		90.07	3.125		451.53		281.46
SNF/ICF	5	41		1,487.76		36.29	.067		297.55		2.45
OUTPATIENTS	375	1,859		169,640.58		91.25	3.058		452.37		279.01
MEDICAL SUPPLIES	91	21,608		16,418.65		.76	35.539		180.42		27.00
@DENTIST	13	77	\$	2,776.00	\$	36.05	.127	\$	213.54	\$	4.57
VISITS - DIAGNOSTIC	10	43		701.00		16.30	.071		70.10		1.15
ORAL SURGERY	2	18		698.00		38.78	.030		349.00		1.15
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	4	16		1,377.00		86.06	.026		344.25		2.26
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 14,658

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

							Mo	CNC	THLY AVERA	GE	
608 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	€.		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	30	\$	499.35	\$	16.65	.049	\$	62.42	\$	.82
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.002		47.45		.08
EYE APPLIANCES	7	28		432.90		15.46	.046		61.84		.71
OTHER OPTOMETRIC SERVICES	1	1		19.00		19.00	.002		19.00		.03
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	7	\$	37.36	\$	5.34	.012	\$		\$	.06
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	5	7		37.36		5.34	.012		7.47		.06
@HOME HEALTH AGENCY	7	3 <b>,</b> 086	\$	90,907.05	\$	29.46		\$	12986.72	\$	149.52
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	69	465	\$	71,409.52	\$	153.57		\$	1034.92	\$	117.45
HOSP INPATIENT TOTAL	8	99		62 <b>,</b> 351.91		629.82	.163		7793.99		102.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	24		57 <b>,</b> 955.91		2414.83	.039		14488.98		95.32
ACCOMMODATIONS	4	24		14,920.01		621.67	.039		3730.00		24.54
ADMINISTRATIVE DAYS	1	1		161.64		161.64	.002		161.64		.27
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	23		14,758.37		641.67	.038		3689.59		24.27
ANCILLARIES	4	0		43,035.90		.00	.000		10758.98		70.78

INPATIENT CROSSOVERS							
	4	75	4,396.00	58.61	.123	1099.00	7.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	62	366	9,057.61	24.75	.602	146.09	14.90
MEDICAL	11	22	910.56	41.39	.036	82.78	1.50
SURGERY	6	<u> </u>	434.48	72.41	.010	72.41	.71
PATHOLOGY	15	78	750.95	9.63	.128	50.06	1.24
	6	13	659.00	50.69	.021	109.83	1.08
RADIOLOGY							
ROOM USE	14	25	878.72	35.15	.041	62.77	1.45
CROSSOVERS/ALL OTH OUTPINT		222	5,423.90	24.43	.365	113.00	8.92
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0			.000		
INPATIENT CROSSOVERS	U	U	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	-	ES AND EXPENDITURES MOI					PAGE 14,659
MOP024	FEE-FOR-SERVICE		NIII OF TATHENT NE	HORT FOR OAN 2	LOUZ TIINO DE	10 2002	01/17/03
				ATD CODE	C 0		01/11/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUPPO	JRT - DISABLED	AID CODE			O.T.
600					VI( )		
608 FITCIBIES							.GE
608 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
000 Eligibles	USERS	UNITS OF SERVICE OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	69	OR DAYS OF CARE 465 \$	EXPENDITURES 71,409.52	PER UNIT/DAY \$ 153.57	UNITS/DAYS PER ELIG	COST PER USER 1034.92	COST PER ELIGIBLE \$ 117.45
		OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	69	OR DAYS OF CARE 465 \$	71,409.52 62,351.91	PER UNIT/DAY \$ 153.57 629.82 .00	UNITS/DAYS PER ELIG .765 \$	COST PER USER 1034.92	COST PER ELIGIBLE \$ 117.45
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	69	OR DAYS OF CARE 465 \$ 99 0	71,409.52 62,351.91	PER UNIT/DAY \$ 153.57 629.82 .00	UNITS/DAYS PER ELIG .765 \$ .163 .000	COST PER USER 1034.92 7793.99 .00	COST PER ELIGIBLE \$ 117.45 102.55 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	69	OR DAYS OF CARE 465 \$ 99 0 24	71,409.52 62,351.91	PER UNIT/DAY \$ 153.57 629.82 .00	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039	COST PER USER 1034.92 7793.99 .00 14488.98	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	69	OR DAYS OF CARE 465 \$ 99 0 24 24	71,409.52 62,351.91 .00 57,955.91 14,920.01	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	69	OR DAYS OF CARE 465 \$ 99 0 24 24 1	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .002	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	69	OR DAYS OF CARE 465 \$ 99 0 24 24 1 0	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .039 .002 .000	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	69	OR DAYS OF CARE 465 \$ 99 0 24 24 1 0 23	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00 14,758.37	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .039 .002 .000 .038	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	69	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00 14,758.37 43,035.90	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .002 .000 .038 .000	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	69 8 0 4 4 1 0 4 4	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00 14,758.37 43,035.90 4,396.00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .002 .000 .038 .000 .123	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78 7.23
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	69 8 0 4 4 1 0 4 4 4	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00 14,758.37 43,035.90 4,396.00 .00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .002 .000 .038 .000 .123	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78 7.23 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	69 8 0 4 4 1 0 4 4 4 0 62	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .602	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78 7.23 .00 14.90
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	69 8 0 4 4 1 0 4 4 4	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00 14,758.37 43,035.90 4,396.00 .00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .602	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78 7.23 .00 14.90 1.50
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	69 8 0 4 4 1 0 4 4 4 0 62	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .602	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78 7.23 .00 14.90
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	69 8 0 4 4 1 0 4 4 4 0 62 11	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22	71,409.52 62,351.91 .00 57,955.91 14,920.01 161.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 910.56	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .602 .036	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78 7.23 .00 14.90 1.50
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	69 8 0 4 4 1 0 4 4 4 0 62 11	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22 6	71,409.52 62,351.91 .00 57,955.91 14,920.01 .61.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 910.56 434.48	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39 72.41	UNITS/DAYS PER ELIG .765 .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .602 .036 .010	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78 72.41	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78 7.23 .00 14.90 1.50 .71
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	69 8 0 4 4 1 0 4 4 4 0 62 11 6 15 6	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22 6 78 13	71,409.52 62,351.91 .00 57,955.91 14,920.01 .161.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 .910.56 434.48 .750.95 .659.00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39 72.41 9.63 50.69	UNITS/DAYS PER ELIG .765 .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .602 .036 .010 .128 .021	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78 72.41 50.06 109.83	COST PER ELIGIBLE \$ 117.45 102.55 .00 95.32 24.54 .27 .00 24.27 70.78 7.23 .00 14.90 1.50 .71 1.24 1.08
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	69 8 0 4 4 1 0 4 4 4 0 62 11 6 15 6	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22 6 78 13 25	71,409.52 62,351.91 .00 57,955.91 14,920.01 .161.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 910.56 434.48 750.95 659.00 878.72	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39 72.41 9.63 50.69 35.15	UNITS/DAYS PER ELIG .765 .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .602 .036 .010 .128 .021 .041	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78 72.41 50.06 109.83 62.77	COST PER ELIGIBLE \$ 117.45
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	69 8 0 4 4 1 0 4 4 4 0 62 11 6 15 6 14 48	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22 6 78 13 25 222	71,409.52 62,351.91 .00 57,955.91 14,920.01 .161.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 910.56 434.48 750.95 659.00 878.72 5,423.90	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39 72.41 9.63 50.69 35.15 24.43	UNITS/DAYS PER ELIG .765 .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .602 .036 .010 .128 .021 .041 .365	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78 72.41 50.06 109.83 62.77 113.00	COST PER ELIGIBLE \$ 117.45
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	69 8 0 4 4 1 0 4 4 4 0 62 11 6 15 6 14 48 0	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22 6 78 13 25 222 0 \$	71,409.52 62,351.91 .00 57,955.91 14,920.01 .61.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 910.56 434.48 750.95 659.00 878.72 5,423.90 .00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39 72.41 9.63 50.69 35.15 24.43 \$ .00	UNITS/DAYS PER ELIG .765 .163 .000 .039 .039 .002 .000 .038 .000 .123 .000 .123 .000 .123 .001 .128 .021 .041 .365 .000 \$	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78 72.41 50.06 109.83 62.77 113.00	COST PER ELIGIBLE \$ 117.45
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	69 8 0 4 4 1 0 4 4 0 62 11 6 15 6 14 48 0	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22 6 78 13 25 222 0 \$ 0	71,409.52 62,351.91 .00 57,955.91 14,920.01 .61.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 910.56 434.48 750.95 659.00 878.72 5,423.90 .00 .00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39 72.41 9.63 50.69 35.15 24.43 \$ .00 .00	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .002 .000 .038 .000 .123 .000 .602 .036 .010 .128 .021 .041 .365 .000 .000	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78 72.41 50.06 109.83 62.77 113.00 .00	COST PER ELIGIBLE \$ 117.45
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	69 8 0 4 4 1 0 4 4 4 0 62 11 6 15 6 14 48 0 0	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22 6 78 13 25 222 0 \$ 0 0	71,409.52 62,351.91 .00 57,955.91 14,920.01 .161.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 .910.56 .434.48 .750.95 .659.00 .878.72 5,423.90 .00 .00 .00 .00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39 72.41 9.63 50.69 35.15 24.43 \$ .00 .00 .00	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .002 .000 .038 .000 .123 .000 .602 .036 .010 .128 .021 .041 .365 .000 .000	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78 72.41 50.06 109.83 62.77 113.00 .00 .00 .00	COST PER ELIGIBLE \$ 117.45
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	69 8 0 4 4 1 0 4 4 0 62 11 6 15 6 14 48 0	OR DAYS OF CARE  465 \$ 99 0 24 24 1 0 23 0 75 0 366 22 6 78 13 25 222 0 \$ 0	71,409.52 62,351.91 .00 57,955.91 14,920.01 .61.64 .00 14,758.37 43,035.90 4,396.00 .00 9,057.61 910.56 434.48 750.95 659.00 878.72 5,423.90 .00 .00	PER UNIT/DAY \$ 153.57 629.82 .00 2414.83 621.67 161.64 .00 641.67 .00 58.61 .00 24.75 41.39 72.41 9.63 50.69 35.15 24.43 \$ .00 .00	UNITS/DAYS PER ELIG .765 \$ .163 .000 .039 .002 .000 .038 .000 .123 .000 .602 .036 .010 .128 .021 .041 .365 .000 .000	COST PER USER 1034.92 7793.99 .00 14488.98 3730.00 161.64 .00 3689.59 10758.98 1099.00 .00 146.09 82.78 72.41 50.06 109.83 62.77 113.00 .00 .00	COST PER ELIGIBLE \$ 117.45

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	85		10,052.53		118.27	.140		2010.51		16.53
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	28	\$	4,658.79	\$	166.39	.046	\$	1552.93	\$	7.66
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	28		4,658.79		166.39	.046		1552.93		7.66
@REHABILITATION FACILITY	6	361	\$	4,182.31	\$	11.59	.594	\$	697.05	\$	6.88
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	6	361		4,182.31		11.59	.594		697.05		6.88
@LABORATORY FACILITY	9	32	\$	451.35	\$	14.10	.053	\$	50.15	\$	.74
PATHOLOGY	9	32		451.35		14.10	.053		50.15		.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	33	56	\$	6,290.84	\$	112.34	.092	\$	190.63	\$	10.35
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	33	56		6,290.84		112.34	.092		190.63		10.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-C	OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 14,660
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	- DISABLED		AID CODE	68				

BONOIMI COONII	DOINGING OF DELL	VICED FOR IN HOLL BOLL	OIKI DIOMBILD	TITD CODE	0.0		
					MON	THLY AVERA	GE
608 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	164	13,934 \$	313,258.90	\$ 22.48	22.918 \$	1910.12	\$ 515.23
DURABLE MED. EQUIP.	34	130	21,421.61	164.78	.214	630.05	35.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	668	3,506.52	5.25	1.099	219.16	5.77
AMBULANCES/AIR TRANS	2	19	353.30	18.59	.031	176.65	.58
OTHER TRANS	11	613	2,986.03	4.87	1.008	271.46	4.91
OTHER SERVICES	4	36	167.19	4.64	.059	41.80	.27
ACUPUNCTURE	2	7	108.14	15.45	.012	54.07	.18
ADULT DAY HEALTH CARE CTR	24	309	20,583.03	66.61	.508	857.63	33.85
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	8,140	240,226.13	29.51	13.388	21838.74	395.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	240.12	20.01	.020	40.02	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	14	1,665.77	118.98	.023	333.15	2.74
PROSTHETICS	5	14	1,665.77	118.98	.023	333.15	2.74
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	6	149	20,768.22	139.38	.245	3461.37	34.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	76	818.52	10.77	.125	163.70	1.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	71	4,429	3,920.84	.89	7.285	55.22	6.45
@CALIF. CHILDREN SERVICES*	29	1,011	\$ 45,156.62	\$ 44.67	1.663	\$ 1557.12 \$	74.27
@XOVER EXCLUDING STATE HOSP**	144	13,759	\$ 16,099.62	\$ 1.17	22.630	\$ 111.80 \$	26.48

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,661 01/17/03

SUMMARY OF SERVICES FOR IN HOME SUPPORT SONOMA COUNTY ----- MONTHLY AVERAGE -----1,521 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 64,525 \$ 1,101,442.37 \$ 17.07 42.423 \$ 886.12 \$ 724.16 498 \$ 11,979.57 \$ 24.06 .327 \$ 64.41 \$ 7.88 1,243 @TOTAL, ALL PROVIDERS JUPPLIES

1
2.
VISITS - DIAGNOSTIC

ORAL SURGERY

DRUGS

NESTHESIA
'RIODONTICS
'ODONTICS
'ORATIVE DENT'
THETIC'S 895 4,191 304,281.83 25,733.06 72.60 2.755 339.98 .81 20.902 139.10 200.05 MEDICAL SUPPLIES @DENTIST 185 31,792 16.92 139 \$ 34 6,200.00 \$ 44.60 .091 \$ 182.35 \$ 4.08 22 4 0 . 84 .79 . 00 0 0 1 9 .00 .00 .00 1.49 .00

DENTURES, STAYPLATES	4	6	1,450.00	241.67	.004	362.50	.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 14,662
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR IN HOME ST	UPPORT				
					MONT	TIII 3 7 7 T T T T T T	· -

						M	ON	THLY AVERA	GΕ	
1,521 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14	51	\$ 882.42	\$	17.30	.034	\$	63.03	\$	.58
DIAGNOSTIC AND ANC. PROCED	3	3	142.35		47.45	.002		47.45		.09
EYE APPLIANCES	13	47	721.07		15.34	.031		55.47		.47
OTHER OPTOMETRIC SERVICES	1	1	19.00		19.00	.001		19.00		.01
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	28	45	\$ 633.01	\$	14.07	.030	\$	22.61	\$	.42
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	28	45	633.01		14.07	.030		22.61		.42
@HOME HEALTH AGENCY	7	3,086	\$ 90,907.05	\$	29.46	2.029	\$	12986.72	\$	59.77
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	188	1,221	\$ 109,154.44	\$	89.40	.803	\$	580.61	\$	71.76
HOSP INPATIENT TOTAL	29	312	87,702.16		281.10	.205		3024.21		57.66
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	5	28		65,103.10	2325.11	.018	13020.62	42.80
ACCOMMODATIONS	5	28		17,398.25	621.37	.018	3479.65	11.44
ADMINISTRATIVE DAYS	1	1		161.64	161.64	.001	161.64	.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	27		17,236.61	638.39	.018	3447.32	11.33
ANCILLARIES	5	0		47,704.85	.00	.000	9540.97	31.36
INPATIENT CROSSOVERS	24	284		22,599.06	79.57	.187	941.63	14.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	166	909		21,452.28	23.60	.598	129.23	14.10
MEDICAL	13	25		982.19	39.29	.016	75.55	.65
SURGERY	6	6		434.48	72.41	.004	72.41	.29
PATHOLOGY	18	90		904.98	10.06	.059	50.28	.59
RADIOLOGY	6	13		659.00	50.69	.009	109.83	.43
ROOM USE	16	28		973.22	34.76	.018	60.83	.64
CROSSOVERS/ALL OTH OUTPTNT	150	747		17,498.41	23.42	.491	116.66	11.50
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 14,663
MOP024	FEE-FOR-SERVICE	E/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPO	RT				
						M	ONTHLY AVERA	GE
1,521 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER

1,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	188	1,221 \$	109,154.44	\$ 89.40	.803	\$ 580.61	\$ 71.76
COMM HOSP INPATIENT TOTAL	29	312	87,702.16	281.10	.205	3024.21	57.66
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	28	65,103.10	2325.11	.018	13020.62	42.80
ACCOMMODATIONS	5	28	17,398.25	621.37	.018	3479.65	11.44
ADMINISTRATIVE DAYS	1	1	161.64	161.64	.001	161.64	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	27	17,236.61	638.39	.018	3447.32	11.33
ANCILLARIES	5	0	47,704.85	.00	.000	9540.97	31.36
INPATIENT CROSSOVERS	24	284	22,599.06	79.57	.187	941.63	14.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	166	909	21,452.28	23.60	.598	129.23	14.10
MEDICAL	13	25	982.19	39.29	.016	75.55	.65
SURGERY	6	6	434.48	72.41	.004	72.41	.29
PATHOLOGY	18	90	904.98	10.06	.059	50.28	.59
RADIOLOGY	6	13	659.00	50.69	.009	109.83	.43
ROOM USE	16	28	973.22	34.76	.018	60.83	.64

CROSSOVERS/ALL OTH OUTPTNT	150	747		17,498.41		23.42	.491		116.66		11.50
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	32	605	\$	74,684.44	\$	123.45	.398	\$	2333.89	\$	49.10
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	32	605		74,684.44		123.45	.398		2333.89		49.10
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	19	74	\$	19,117.19	\$	258.34	.049	\$	1006.17	\$	12.57
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	19	74		19,117.19		258.34	.049		1006.17		12.57
@REHABILITATION FACILITY	6	361	\$	4,182.31	\$	11.59	.237	\$	697.05	\$	2.75
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	6	361		4,182.31		11.59	.237		697.05		2.75
@LABORATORY FACILITY	10	34	\$	476.16	\$	14.00	.022	\$	47.62	\$	.31
PATHOLOGY	10	34		476.16		14.00	.022		47.62		.31
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	83	149	\$	14,691.05	\$	98.60	.098	\$	177.00	\$	9.66
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		413.00		206.50	.001		206.50		.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	81	147		14,278.05		97.13	.097		176.27		9.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	URES	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 14,664
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR IN HO	ME S	UPPORT							
							M	TNO	HLY AVERA	GE	
1,521 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF CA	ARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE

1,521 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	INTTS/DAYS	COST PER	COST PER
1,021 111011110	ODLINO	OR DAYS OF CARE	EXILINDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	481		\$ 432,515.49		14.569		
DURABLE MED. EQUIP.	50	184	27,410.92	148.97	.121	548.22	18.02
~	50	104	•				
BLOOD BANK	U	U	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	5	1,799.62	359.92	.003	599.87	1.18
MEDICAL TRANSPORTATION	64	2 <b>,</b> 127	12,392.94	5.83	1.398	193.64	8.15
AMBULANCES/AIR TRANS	3	25	508.10	20.32	.016	169.37	.33
OTHER TRANS	37	1,771	9,986.63	5.64	1.164	269.91	6.57
OTHER SERVICES	31	331	1,898.21	5.73	.218	61.23	1.25
ACUPUNCTURE	6	17	281.15	16.54	.011	46.86	.18
ADULT DAY HEALTH CARE CTR	57	695	46,293.13	66.61	.457	812.16	30.44
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	185	9,192	307,718.15	33.48	6.043	1663.34	202.31
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	23	378.67	16.46	.015	34.42	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	14	1,665.77	118.98	.009	333.15	1.10
PROSTHETICS	5	14	1,665.77	118.98	.009	333.15	1.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	795.79	265.26	.002	397.90	.52

HOSPICE SERVICES	10	184	24,388.92	132.55	.121	2438.8	9	16.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	5	76	818.52	10.77	.050	163.7	0	.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	. 0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	. 0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	. 0	0	.00
ALL OTHER PROVIDERS	182	9,639	8,571.91	.89	6.337	47.1	.0	5.64
@CALIF. CHILDREN SERVICES*	29	1,011	\$ 45,156.62	\$ 44.67	.665	\$ 1557.1	2 \$	29.69
@XOVER EXCLUDING STATE HOSP**	443	17,428	\$ 80,437.86	\$ 4.62	11.458	\$ 181.5	8 \$	52.88

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,665
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

SONOMA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED					
							NTHLY AVERA		
22,128 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
- •	15 <b>,</b> 631	226 <b>,</b> 829	\$	6,759,076.84	\$ 29.80	10.251			305.45
@PHYSICIANS SERVICES	2,936	9 <b>,</b> 857	\$	140,405.21	\$ 14.24	.445		\$	6.35
OUTPATIENT VISITS	78	149		3,885.41	26.08	.007			.18
OFFICE VISITS	61	73		2,722.89	37.30	.003	44.64		.12
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	12	13		772.69	59.44	.001	64.39		.03
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	6	63		389.83	6.19	.003	64.97		.02
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	1	9		317.30	35.26	.000	317.30		.01
HOSPITAL VISITS	1	9		317.30	35.26	.000	317.30		.01
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	17	18		842.56	46.81	.001	49.56		.04
EXAMINATIONS	16	17		816.09	48.01	.001	51.01		.04
SERVICES AND MATERIALS	1	1		26.47	26.47	.000	26.47		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	16	38		4,794.11	126.16	.002	299.63		.22
PRINCIPAL SURGEON	14	26		4,436.00	170.62	.001	316.86		.20
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	12		358.11	29.84	.001	119.37		.02
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	20	32		549.72	17.18	.001	27.49		.02
RADIOLOGY	39	60		2,689.84	44.83	.003	68.97		.12
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	4		59.85	14.96	.000	29.93		.00
OTHER SERVICES/ALL X-OVERS	2,824	9,547		127,266.42	13.33	.431	45.07		5.75
@PHARMACY	13,174	119,818	\$		\$ 24.52	5.415		\$	132.79
PRESCRIPTION DRUGS	13,034	46,863	·	2,832,441.33	60.44	2.118	217.31		128.00
SNF/ICF	372	1,994		103,682.29	52.00	.090	278.72		4.69
OUTPATIENTS	12,690	44,869		2,728,759.04	60.82	2.028	215.03		123.32
MEDICAL SUPPLIES	1,105	72,955		105,829.69	1.45	3.297	95.77		4.78
@DENTIST	828	2,991	\$	150,430.27		.135		Ś	6.80
VISITS - DIAGNOSTIC	543	1,767		26,851.01	15.20	.080	49.45	,	1.21
ORAL SURGERY	101	285		15,236.83	53.46	.013	150.86		.69
	= 0 =	=00		==,===:					

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	4	4		400.00	100.00	.000	100.00		.02
PERIODONTICS	29	29		4,440.00	153.10	.001	153.10		.20
ENDODONTICS	37	50		9,511.00	190.22	.002	257.05		.43
RESTORATIVE DENTISTRY	188	409		37,873.00	92.60	.018	201.45		1.71
PROSTHETICS	10	10		180.00	18.00	.000	18.00		.01
DENTURES, STAYPLATES	164	434		55,938.43	128.89	.020	341.09		2.53
•	0	0		.00	.00	.020	.00		.00
SPACE MAINTAINERS	0	0							
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	· ·	· ·		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	2	3		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	EC 2002	F	PAGE 14,666
MOP024	FEE-FOR-SERVIC	E/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED					
						MON	ITHLY AVERA	4GE	
22,128 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Œ		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	383	1,150	\$	20,117.42	\$ 17.49	.052	52.53	\$	.91
DIAGNOSTIC AND ANC. PROCED	46	52	·	2,224.74	42.78	.002	48.36	·	.10
EYE APPLIANCES	319	949		15,579.89	16.42	.043	48.84		.70
OTHER OPTOMETRIC SERVICES	69	149		2,312.79	15.52	.007	33.52		.10
@CHIROPRACTOR	6	16	\$	228.06	\$ 14.25	.001 \$		Ġ	.01
VISITS	3	9	Ÿ	150.48	16.72	.000	50.16	Y	.01
OTHER SERVICES	3	7		77.58	11.08	.000	25.86		.00
@PODIATRIST	390	735	Ś	7,153.03	\$ 9.73	.033 \$		<u>~</u>	
•	390		Ą	•				Þ	.32
MEDICINE/INJECTIONS	•	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	390	735		7,153.03	9.73	.033	18.34		.32
@HOME HEALTH AGENCY	2	11	\$	819.76	\$ 74.52	.000 \$			.04
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000 \$		\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$			.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
@TOTAL HOSPITAL	2,346	10,490	\$	751,264.66	\$ 71.62	.474	320.23	\$	33.95
HOSP INPATIENT TOTAL	287	1,719		561,902.64	326.88	.078	1957.85		25.39
HSC HOSPITALS	5	28		36,731.33	1311.83	.001	7346.27		1.66
NON-HSC HOSPITAL TOTAL	44	169		334,899.50	1981.65	.008	7611.35		15.13
ACCOMMODATIONS	44	169		93,599.68	553.84	.008	2127.27		4.23
ADMINISTRATIVE DAYS	5	2.3		3,632.14	157.92	.001	726.43		.16
TRANSITIONAL IP CARE	0	0		478.24	.00	.000	.00		.02
ALL OTHER ACCOM	40	146		89,489.30	612.94	.007	2237.23		4.04
	40								
ANCILLARIES		1 500		241,299.82	.00	.000	5611.62		10.90
INPATIENT CROSSOVERS	238	1,522		190,271.82	125.01	.069	799.46		8.60
ALL OTHER INPATIENT	0	0		.01CR	.00	.000	.00		.00

189,362.02

4,349.09

2,731.56

4,104.33

4,381.07

7,498.59

7,212.04

7,212.04

173,241.12

554.85

21.59

35.36

46.24

12.30

83.76

40.57

20.98

340.85

1030.29

1030.29

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.005

.373

.000

.000

87.75

57.22

55.49

44.78

63.49

83.65

7212.04

7212.04

.001 \$ 1874.65 \$

128.26

8.56

.20

.03

.12

.19

.20

.34

.33

.33

7.83

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

2,158

76

10

61

32

69

4

1

1

2,071

8,771

123

12

222

108

8,257

49

22

7

7

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	15	286.55	19.10	.001	95.52	.01
MEDICAL	1	2	35.78	17.89	.000	35.78	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	63.62	7.95	.000	63.62	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	5	187.15	37.43	.000	62.38	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,667
MOP024	FEE-FOR-SERVICE,	/DENTAL					01/17/03
SONOMA COUNTY							
SONOMA COUNTY	SUMMARY OF SERV.	ICES FOR PUBLIC ASSIST	PANCE - AGED				
SONOMA COUNTY	SUMMARY OF SERV.	ICES FOR PUBLIC ASSIST	TANCE - AGED		MON	THLY AVERA	GE
22,128 ELIGIBLES	USERS	ICES FOR PUBLIC ASSIST	EXPENDITURES	AVERAGE COST		THLY AVERA COST PER	GE COST PER
	USERS			AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
		UNITS OF SERVICE			UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
22,128 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER 317.58 1939.48	COST PER ELIGIBLE
22,128 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 2,342	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$	EXPENDITURES  743,766.07 554,690.60 29,519.29	PER UNIT/DAY \$ 71.05 324.00 1405.68	UNITS/DAYS PER ELIG .473 \$	COST PER USER 317.58 1939.48 7379.82	COST PER ELIGIBLE \$ 33.61 25.07 1.33
22,128 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 2,342 286	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$ 1,712	EXPENDITURES  743,766.07 554,690.60 29,519.29	PER UNIT/DAY \$ 71.05 324.00	UNITS/DAYS PER ELIG .473 \$ .077	COST PER USER 317.58 1939.48 7379.82 7611.35	COST PER ELIGIBLE \$ 33.61 25.07
22,128 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 2,342 286 4	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$ 1,712 21	EXPENDITURES  743,766.07 554,690.60 29,519.29	PER UNIT/DAY \$ 71.05 324.00 1405.68	UNITS/DAYS PER ELIG .473 \$ .077 .001	COST PER USER 317.58 1939.48 7379.82 7611.35 2127.27	COST PER ELIGIBLE \$ 33.61 25.07 1.33
22,128 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 2,342 286 4 44	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$ 1,712 21 169	EXPENDITURES  743,766.07 554,690.60 29,519.29 334,899.50	PER UNIT/DAY \$ 71.05 324.00 1405.68 1981.65	UNITS/DAYS PER ELIG .473 \$ .077 .001 .008	COST PER USER 317.58 1939.48 7379.82 7611.35	COST PER ELIGIBLE \$ 33.61 25.07 1.33 15.13
22,128 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS  2,342 286 4 44 44 5	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$ 1,712 21 169 169	EXPENDITURES  743,766.07 554,690.60 29,519.29 334,899.50 93,599.68	PER UNIT/DAY \$ 71.05 324.00 1405.68 1981.65 553.84	UNITS/DAYS PER ELIG .473 \$ .077 .001 .008 .008	COST PER USER 317.58 1939.48 7379.82 7611.35 2127.27	COST PER ELIGIBLE \$ 33.61 25.07 1.33 15.13 4.23
22,128 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 2,342 286 4 44	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$ 1,712 21 169 169 23	EXPENDITURES  743,766.07 554,690.60 29,519.29 334,899.50 93,599.68 3,632.14	PER UNIT/DAY \$ 71.05 324.00 1405.68 1981.65 553.84 157.92 .00	UNITS/DAYS PER ELIG .473 \$ .077 .001 .008 .008 .001	COST PER USER 317.58 1939.48 7379.82 7611.35 2127.27 726.43	COST PER ELIGIBLE \$ 33.61 25.07 1.33 15.13 4.23 .16
22,128 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS  2,342 286 4 44 44 50 0 40 43	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$ 1,712 21 169 169 23 0	EXPENDITURES  743,766.07 554,690.60 29,519.29 334,899.50 93,599.68 3,632.14 478.24	PER UNIT/DAY \$ 71.05 324.00 1405.68 1981.65 553.84 157.92 .00	UNITS/DAYS PER ELIG .473 \$ .077 .001 .008 .008 .001 .000	COST PER USER 317.58 1939.48 7379.82 7611.35 2127.27 726.43 .00 2237.23 5611.62	COST PER ELIGIBLE \$ 33.61 25.07 1.33 15.13 4.23 .16 .02
22,128 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS  2,342 286 4 44 44 5 0 40 43 238	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$ 1,712 21 169 169 23 0 146	EXPENDITURES  743,766.07 554,690.60 29,519.29 334,899.50 93,599.68 3,632.14 478.24 89,489.30 241,299.82 190,271.82	PER UNIT/DAY \$ 71.05 324.00 1405.68 1981.65 553.84 157.92 .00 612.94 .00 125.01	UNITS/DAYS PER ELIG .473 \$ .077 .001 .008 .008 .001 .000 .007 .000 .069	COST PER USER 317.58 1939.48 7379.82 7611.35 2127.27 726.43 .00 2237.23 5611.62 799.46	COST PER ELIGIBLE \$ 33.61 25.07 1.33 15.13 4.23 .16 .02 4.04 10.90 8.60
22,128 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS  2,342 286 4 44 44 50 0 40 43	UNITS OF SERVICE OR DAYS OF CARE 10,468 \$ 1,712 21 169 169 23 0 146 0	EXPENDITURES  743,766.07 554,690.60 29,519.29 334,899.50 93,599.68 3,632.14 478.24 89,489.30 241,299.82	PER UNIT/DAY \$ 71.05 324.00 1405.68 1981.65 553.84 157.92 .00 612.94 .00 125.01	UNITS/DAYS PER ELIG .473 \$ .077 .001 .008 .008 .001 .000 .007	COST PER USER 317.58 1939.48 7379.82 7611.35 2127.27 726.43 .00 2237.23 5611.62	COST PER ELIGIBLE \$ 33.61 25.07 1.33 15.13 4.23 .16 .02 4.04 10.90

COMM HOSP OUTPATIENT TOTAL	2,155	8,756		189,075.47		21.59	.396		87.74		8.54
MEDICAL	75	121		4,313.31		35.65	.005		57.51		.19
SURGERY	10	12		554.85		46.24	.001		55.49		.03
PATHOLOGY	60	214		2,667.94		12.47	.010		44.47		.12
RADIOLOGY	32	49		4,104.33		83.76	.002		128.26		.19
ROOM USE	69	108		4,381.07		40.57	.005		63.49		.20
CROSSOVERS/ALL OTH OUTPINT	2,068	8,252		173,053.97		20.97	.373		83.68		7.82
@STATE HOSPITAL	36	1,088	\$	471,038.55	\$			Ś	13084.40	Ś	21.29
MENTALLY ILL	0	0	т.	.00	4	.00	.000	7	.00	4	.00
DEVELOP. DISABLED	36	1,088		471,038.55		432.94	.049		13084.40		21.29
@NURSING FACILITY	425	10,117	\$	1,348,832.27	Ś	133.32			3173.72	Ś	60.96
LEV A-INTERMEDIATE	1	8	т	676.96	т	84.62	.000	т	676.96	Τ.	.03
LEV B-REHAB MD	4	120		8,937.00		74.48	.005		2234.25		.40
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	420	9,989		1,339,218.31		134.07	.451		3188.62		60.52
@INTERMEDIATE CARE FACILDD	420	9,969	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
ICF DDH	0	0	Y	.00	Ą	.00	.000	۲	.00	۲	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000				
ICF DDN/DDCN	75	103	\$	.00	ċ			ċ	.00	ċ	.00
@HEMODIALYSIS TOTAL	75	103	Ģ	53,053.00	\$	515.08	.005	Þ	707.37	Ş	2.40
HOSPITAL BASED	•			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	75	103	<u>^</u>	53,053.00	<u> </u>	515.08	.005	<u> </u>	707.37	<u> </u>	2.40
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	32	99	\$	1,611.14	\$	16.27	.004	Ş	50.35	Ş	.07
PATHOLOGY	28	93		1,491.10		16.03	.004		53.25		.07
XO AND OTHERS	4	6		120.04		20.01	.000		30.01		.01
@ORGANIZED OUTPATIENT CLINIC	1,132	1,790	\$	88 <b>,</b> 672.65	\$		.081	\$		\$	4.01
CLINIC	4	4		93.86		23.47	.000		23.47		.00
SURGICENTER	90	113		18,954.20		167.74	.005		210.60		.86
HEROIN DETOX CLINIC	1	8		120.21		15.03	.000		120.21		.01
RURAL HEALTH CLINIC	1,040	1,665		69,504.38		41.74	.075		66.83		3.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	Ε	PAGE 14,668
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	ISTANCE - AGED							
							M			GE.	
22,128 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,106	68 <b>,</b> 564	\$	787,179.80	\$	11.48	3.099	\$	253.44	\$	35.57
DURABLE MED. EQUIP.	113	307		59,607.64		194.16	.014		527.50		2.69
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	81	120		19,209.52		160.08	.005		237.15		.87
MEDICAL TRANSPORTATION	570	15 <b>,</b> 405		79,300.38		5.15	.696		139.12		3.58
AMBULANCES/AIR TRANS	10	59		1,248.98		21.17	.003		124.90		.06
OTHER TRANS	215	11,570		50,317.91		4.35	.523		234.04		2.27
OTHER SERVICES	381	3,776		27,733.49		7.34	.171		72.79		1.25
ACUPUNCTURE	28	80		1,378.69		17.23	.004		49.24		.06
ADULT DAY HEALTH CARE CTR	119	1,263		84,196.88		66.66	.057		707.54		3.80
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	932	5 <b>,</b> 536		370,694.07		66.96	.250		397.74		16.75
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	475	1 154		14 994 05		12 99	052		31 57		68

1,154

22

14,994.05

127.85

12.99

5.81

.052

.001

31.57

31.96

.68

.01

475

4

OPTICIAN

PHYSICAL THERAPIST

PORTABLE X-RAY	3	9	6.45	.72	.000		2.15	.00
PROSTHETIST/ORTHOTISTS	9	16	398.01	24.88	.001		44.22	.02
PROSTHETICS	9	16	398.01	24.88	.001		44.22	.02
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	10	28	185.76	6.63	.001		18.58	.01
SPEECH AND AUDIOLOGY	101	224	12,967.74	57.89	.010	1:	28.39	.59
HOSPICE SERVICES	29	661	80,889.16	122.37	.030	27	89.28	3.66
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	1,270	43,739	63,223.60	1.45	1.977		49.78	2.86
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5,737	42,111	\$ 784,653.82	\$ 18.63	1.903	\$ 1	36.77	\$ 35.46

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,669
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

SONOMA COUNTI	SUMMARI OF SER	VICES FOR FUBLIC A	SSI	SIANCE - BLIND							
							MC			-	
2,789 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,942	123,801	\$	1,789,778.79	\$	14.46	44.389			\$	641.73
@PHYSICIANS SERVICES	493	,	\$	64,531.09	\$		.607	\$	130.89	\$	23.14
OUTPATIENT VISITS	189	299		10,870.93		36.36	.107		57.52		3.90
OFFICE VISITS	155	236		7,329.52		31.06	.085		47.29		2.63
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	39	48		2,882.64		60.06	.017		73.91		1.03
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	11	15		658.77		43.92	.005		59.89		.24
INPATIENT VISITS	44	294		10,266.16		34.92	.105		233.32		3.68
HOSPITAL VISITS	43	284		9,076.28		31.96	.102		211.08		3.25
CRITICAL CARE	2	10		1,189.88		118.99	.004		594.94		.43
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	31	40		1,846.63		46.17	.014		59.57		.66
EXAMINATIONS	30	39		1,811.34		46.44	.014		60.38		.65
SERVICES AND MATERIALS	1	1		35.29		35.29	.000		35.29		.01
INPATIENT HOSPITAL SURGERY	17	83		6,636.52		79.96	.030		390.38		2.38
PRINCIPAL SURGEON	13	19		4,729.82		248.94	.007		363.83		1.70
ASSISTANT SURGEON	1	1		238.27		238.27	.000		238.27		.09
ANESTHESIOLOGIST	9	63		1,668.43		26.48	.023		185.38		.60
OUTPATIENT SURGERY	40	120		10,422.31		86.85	.043		260.56		3.74
PRINCIPAL SURGEON	24	34		7,240.63		212.96	.012		301.69		2.60
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	18	86		3,181.68		37.00	.031		176.76		1.14
DIALYSIS	3	20		797.14		39.86	.007		265.71		.29
PATHOLOGY	29	55		892.34		16.22	.020		30.77		.32
RADIOLOGY	73	123		5,934.39		48.25	.044		81.29		2.13
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	13		424.75		32.67	.005		53.09		.15
OTHER SERVICES/ALL X-OVERS	264	647		16,439.92		25.41	.232		62.27		5.89
@PHARMACY	1 <b>,</b> 559	38,565	\$	465,764.22	\$	12.08	13.828	\$	298.76	\$	167.00
PRESCRIPTION DRUGS	1,526	6,247		415,615.83		66.53	2.240		272.36		149.02

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	19	126		7,412.87		58.83	.045	390.15		2.66
OUTPATIENTS	1,510	6,121		408,202.96		66.69	2.195	270.33		146.36
MEDICAL SUPPLIES	271	32,318		50,148.39		1.55	11.588	185.05		17.98
@DENTIST	136	522	\$	24,366.50	\$	46.68	.187	\$ 179.17	\$	8.74
VISITS - DIAGNOSTIC	99	322		5,061.00		15.72	.115	51.12		1.81
ORAL SURGERY	20	77		4,022.00		52.23	.028	201.10		1.44
DRUGS	1	1		.00		.00	.000	.00		.00
ANESTHESIA	2	2		200.00		100.00	.001	100.00		.07
PERIODONTICS	6	13		1,680.00		129.23	.005	280.00		.60
ENDODONTICS	6	10		2,580.00		258.00	.004	430.00		.93
RESTORATIVE DENTISTRY	30	67		6,020.50		89.86	.024	200.68		2.16
PROSTHETICS	1	1		30.00		30.00	.000	30.00		.01
DENTURES, STAYPLATES	12	29		4,773.00		164.59	.010	397.75		1.71
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU:	RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC 2002	P	AGE 14,670
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

2,789 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST	,	-		COST PER
		OR DAYS OF CAR		R UNIT/DAY			USER	ELIGIBLE
@OPTOMETRIST	26	61	\$ 2,815.46	\$	.022	\$		\$ 1.01
DIAGNOSTIC AND ANC. PROCED	5	5	230.80	46.16	.002		46.16	.08
EYE APPLIANCES	16	48	2,114.82	44.06	.017		132.18	.76
OTHER OPTOMETRIC SERVICES	7	8	469.84	58.73	.003		67.12	.17
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	48	84	\$ 667.10	\$ 7.94	.030	\$	13.90	\$ .24
MEDICINE/INJECTIONS	7	8	210.00	26.25	.003		30.00	.08
SURGERY/ANES.	1	1	27.18	27.18	.000		27.18	.01
RADIO./PATHOLOGY	2	3	60.54	20.18	.001		30.27	.02
OTHER	41	72	369.38	5.13	.026		9.01	.13
@HOME HEALTH AGENCY	54	4,243	\$ 139,343.02	\$ 32.84	1.521	\$	2580.43	\$ 49.96
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	447	3,183	\$ 438,242.43	\$ 137.68	1.141	\$	980.41	\$ 157.13
HOSP INPATIENT TOTAL	55	311	376,606.32	1210.95	.112		6847.39	135.03
HSC HOSPITALS	4	22	35,910.00	1632.27	.008		8977.50	12.88
NON-HSC HOSPITAL TOTAL	23	146	317,364.88	2173.73	.052		13798.47	113.79
ACCOMMODATIONS	23	146	77,685.75	532.09	.052		3377.64	27.85
ADMINISTRATIVE DAYS	6	35	7,780.20	222.29	.013		1296.70	2.79
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	20	111	69,905.55	629.78	.040		3495.28	25.06
ANCILLARIES	23	0	239,679.13	.00	.000		10420.83	85.94
INPATIENT CROSSOVERS	28	143	23,331.44	163.16	.051		833.27	8.37
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	416	2,872	61,636.11	21.46	1.030		148.16	22.10
MEDICAL	122	206	15,273.84	74.14	.074		125.20	5.48
SURGERY	21	25	2,163.03	86.52	.009		103.00	.78
PATHOLOGY	128	838	9,591.63	11.45	.300		74.93	3.44

RADIOLOGY	52	73		3,516.07		48.17	.026	67.62	1.2	26
ROOM USE	159	246		9,344.38		37.99	.088	58.77	3.3	35
CROSSOVERS/ALL OTH OUTPTNT	257	1,484	2	1,747.16		14.65	.532	84.62	7.8	30
@COUNTY HOSPITAL TOTAL	0	0 5	\$	.00	\$	.00	.000	\$ .00	\$ .(	00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	. (	00
HSC HOSPITALS	0	0		.00		.00	.000	.00	. (	00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	. (	00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	. (	00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	. (	00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	. (	00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	. (	00
ANCILLARIES	0	0		.00		.00	.000	.00	. (	00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	. (	00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	. (	00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	. (	00
MEDICAL	0	0		.00		.00	.000	.00	. (	00
SURGERY	0	0		.00		.00	.000	.00	. (	00
PATHOLOGY	0	0		.00		.00	.000	.00	. (	00
RADIOLOGY	0	0		.00		.00	.000	.00	. (	00
ROOM USE	0	0		.00		.00	.000	.00	. (	00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	. (	00
	MEDI-CAL SERVICES AND EX	XPENDITURES	S MONTH-OF-	PAYMENT RE	EPORT F	OR JAN :	2002 THRU	DEC 2002	PAGE 14,	<b>,</b> 671
	FEE-FOR-SERVICE/DENTAL								01/17	7/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SSISTANCE -	BLIND						

SONOTHI COUNTI	SOIMME OF SER	VIOLO ION IODLIO	7 11001	DIIIVOE BEIVE		MC	NTHLY AVERA	CF	
2,789 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST			-	COST PER
2,703 221012220	00210	OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	447	3,183	\$	438,242.43	\$ 137.68	1.141			157.13
COMM HOSP INPATIENT TOTAL	55	311	'	376,606.32	1210.95	.112	6847.39		135.03
HSC HOSPITALS	4	22		·	1632.27	.008	8977.50		12.88
NON-HSC HOSPITALS TOTAL	23	146			2173.73		13798.47		113.79
ACCOMMODATIONS	23	146		77,685.75	532.09	.052	3377.64		27.85
ADMINISTRATIVE DAYS	6	35		7,780.20	222.29	.013	1296.70		2.79
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	20	111		69,905.55	629.78	.040	3495.28		25.06
ANCILLARIES	23	0		239,679.13	.00	.000	10420.83		85.94
INPATIENT CROSSOVERS	28	143		23,331.44	163.16	.051	833.27		8.37
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	416	2,872		61,636.11	21.46	1.030	148.16		22.10
MEDICAL	122	206		15,273.84	74.14	.074	125.20		5.48
SURGERY	21	25		2,163.03	86.52	.009	103.00		.78
PATHOLOGY	128	838		9,591.63	11.45	.300	74.93		3.44
RADIOLOGY	52	73		3,516.07	48.17	.026	67.62		1.26
ROOM USE	159	246		9,344.38	37.99	.088	58.77		3.35
CROSSOVERS/ALL OTH OUTPTNT	257	1,484		21,747.16	14.65	.532	84.62		7.80
@STATE HOSPITAL	24	730	\$	320,123.24	\$ 438.52	.262	\$ 13338.47	\$	114.78
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	24	730		320,123.24	438.52	.262	13338.47		114.78
@NURSING FACILITY	21	461	\$	54,142.13	\$ 117.44	.165	\$ 2578.20	\$	19.41
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	21	461		54,142.13	117.44	.165	2578.20		19.41
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	41	292	\$	89,463.01	\$	306.38	.105	\$	2182.02	\$	32.08
HOSPITAL BASED	6	153		61,952.40		404.92	.055		10325.40		22.21
HEMODIALYSIS CENTER	35	139		27,510.61		197.92	.050		786.02		9.86
@REHABILITATION FACILITY	25	390	\$	5,665.70	\$	14.53	.140	\$	226.63	\$	2.03
HOSPITAL BASED	0	1CR		21.76CF	R	21.76	.000		.00		.01CR
INDEPENDENT FACILITY	25	391		5,687.46		14.55	.140		227.50		2.04
@LABORATORY FACILITY	55	201	\$	1,951.49	\$	9.71	.072	\$	35.48	\$	.70
PATHOLOGY	55	201		1,951.49		9.71	.072		35.48		.70
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	100	152	\$	11,992.35	\$	78.90	.054	\$	119.92	\$	4.30
CLINIC	1	2		90.30		45.15	.001		90.30		.03
SURGICENTER	9	12		1,552.43		129.37	.004		172.49		.56
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	90	138		10,349.62		75.00	.049		115.00		3.71
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2002 THRU	DEC	2002	P	AGE 14,672
MOP024	FEE-FOR-SERVICE	'									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE - BLIND							
									HLY AVERA		
2,789 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	479	73 <b>,</b> 223	\$	170,711.05	\$		26.254	\$	356.39	\$	61.21
DURABLE MED. EQUIP.	60	240		35,284.98		147.02	.086		588.08		12.65
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.001		25.00		.02
MEDICAL TRANSPORTATION	100	10,203		32,865.01		3.22	3.658		328.65		11.78
AMBULANCES/AIR TRANS	16	134		3,144.98		23.47	.048		196.56		1.13
OTHER TRANS	37	9,514		23,703.10		2.49	3.411		640.62		8.50
OTHER SERVICES	49	555		6,016.93		10.84	.199		122.79		2.16
ACUPUNCTURE	3	14		227.08		16.22	.005		75.69		.08

ADULT DAY HEALTH CARE CTR	27	183	12,224.81	66.80	.066	452.77	4.38
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	124	859	52,438.92	61.05	.308	422.89	18.80
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	33	79	3,221.45	40.78	.028	97.62	1.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5	23	3,288.45	142.98	.008	657.69	1.18
PROSTHETICS	5	23	3,288.45	142.98	.008	657.69	1.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	5	190.05	38.01	.002	190.05	.07
SPEECH AND AUDIOLOGY	19	52	2,646.95	50.90	.019	139.31	.95
HOSPICE SERVICES	1	3	467.34	155.78	.001	467.34	.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	44	2,455	12,965.04	5.28	.880	294.66	4.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	159	59 <b>,</b> 105	14,840.97	.25	21.192	93.34	5.32
@CALIF. CHILDREN SERVICES*	127	4,083	\$ 212,416.09	\$ 52.02	1.464	\$ 1672.57	\$ 76.16
@XOVER EXCLUDING STATE HOSP**	505	7,313	\$ 81,772.81	\$ 11.18	2.622	\$ 161.93	\$ 29.32

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,673 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

----- MONTHLY AVERAGE -----

SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

							MIIILI AVEKA		
95,169 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	71 <b>,</b> 494	1,695,562 \$		88,641,358.21	\$ 52.28	17.816		\$	931.41
@PHYSICIANS SERVICES	16,940	61,487 \$	;	2,466,805.56	\$ 40.12	.646	\$ 145.62	\$	25.92
OUTPATIENT VISITS	7,662	11,266		439,225.94	38.99	.118	57.33		4.62
OFFICE VISITS	5,016	7,025		229,501.82	32.67	.074	45.75		2.41
HOME VISITS	116	166		8,990.04	54.16	.002	77.50		.09
EMERGENCY ROOM	2,800	3 <b>,</b> 776		188,202.09	49.84	.040	67.22		1.98
PREVENTIVE CARE	10	10		424.23	42.42	.000	42.42		.00
OB VISITS/COMPRE PERI	24	66		2,627.13	39.81	.001	109.46		.03
OTHER OUTPATIENT	193	223		9,480.63	42.51	.002	49.12		.10
INPATIENT VISITS	1,359	6 <b>,</b> 707		339,798.03	50.66	.070	250.04		3.57
HOSPITAL VISITS	1,050	5 <b>,</b> 177		230,048.75	44.44	.054	219.09		2.42
CRITICAL CARE	154	713		84,600.56	118.65	.007	549.35		.89
SNF/ICF/TRANS IP CARE	291	817		25,148.72	30.78	.009	86.42		.26
OPHTHALMOLOGICAL SERVICES	448	524		23,254.51	44.38	.006	51.91		.24
EXAMINATIONS	447	523		23,219.22	44.40	.005	51.94		.24
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29		.00
INPATIENT HOSPITAL SURGERY	544	2 <b>,</b> 964		264,151.64	89.12	.031	485.57		2.78
PRINCIPAL SURGEON	387	592		203,163.71	343.18	.006	524.97		2.13
ASSISTANT SURGEON	29	32		7,183.27	224.48	.000	247.70		.08
ANESTHESIOLOGIST	201	2,340		53,804.66	22.99	.025	267.68		.57
OUTPATIENT SURGERY	1,125	3,023		246,292.12	81.47	.032	218.93		2.59
PRINCIPAL SURGEON	923	1,394		206,830.13	148.37	.015	224.08		2.17
ASSISTANT SURGEON	16	16		1,681.79	105.11	.000	105.11		.02
ANESTHESIOLOGIST	259	1,613		37,780.20	23.42	.017	145.87		.40
DIALYSIS	99	221		29,089.57	131.63	.002	293.83		.31
PATHOLOGY	1,288	2 <b>,</b> 955		49,408.44	16.72	.031	38.36		.52

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	3,774	6,891		290,822.76		42.20	.072		77.06		3.06
PSYCHIATRY	15	18		486.28		27.02	.000		32.42		.01
IMMUNIZATION AND INJECTION	486	5,243		406,981.48		77.62	.055		837.41		4.28
OTHER SERVICES/ALL X-OVERS	6 <b>,</b> 900	21,675		377,294.79		17.41	.228		54.68		3.96
@PHARMACY	57 <b>,</b> 735	535,543	\$	23,692,539.31	\$	44.24	5.627	\$	410.37	\$	248.95
PRESCRIPTION DRUGS	57 <b>,</b> 093	253,312		23,005,664.53		90.82	2.662		402.95		241.73
SNF/ICF	1,432	10,115		899 <b>,</b> 776.41		88.95	.106		628.34		9.45
OUTPATIENTS	55 <b>,</b> 804	243,197		22,105,888.12		90.90	2.555		396.13		232.28
MEDICAL SUPPLIES	4,628	282,231		686 <b>,</b> 874.78		2.43	2.966		148.42		7.22
@DENTIST	5 <b>,</b> 764	23,308	\$	1,014,346.81	\$	43.52	.245	\$	175.98	\$	10.66
VISITS - DIAGNOSTIC	4,068	14,681		216,411.49		14.74	.154		53.20		2.27
ORAL SURGERY	709	2,144		118,130.39		55.10	.023		166.62		1.24
DRUGS	19	22		179.00		8.14	.000		9.42		.00
ANESTHESIA	43	43		3,980.00		92.56	.000		92.56		.04
PERIODONTICS	268	368		59,259.00		161.03	.004		221.12		.62
ENDODONTICS	233	325		65,107.50		200.33	.003		279.43		.68
RESTORATIVE DENTISTRY	1,671	4,204		363,221.50		86.40	.044		217.37		3.82
PROSTHETICS	61	65		1,605.60		24.70	.001		26.32		.02
DENTURES, STAYPLATES	512	1,343		176,795.03		131.64	.014		345.30		1.86
SPACE MAINTAINERS	2	2		240.00		120.00	.000		120.00		.00
MAXILLOFACIAL SERVICES	10	14		2,685.78		191.84	.000		268.58		.03
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.01
ORTHODONTIC SERVICES	46	61		5,407.22		88.64	.001		117.55		.06
ALL OTHER SERVICES	27	35		124.30		3.55	.000		4.60		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES M	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 14,674
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

							M	CNO	THLY AVERA	GE	
95,169 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,837	5 <b>,</b> 452	\$	114,739.42	\$		.057	\$	62.46	\$	1.21
DIAGNOSTIC AND ANC. PROCED	761	799		36,165.32		45.26	.008		47.52		.38
EYE APPLIANCES	1,415	4,300		67 <b>,</b> 524.66		15.70	.045		47.72		.71
OTHER OPTOMETRIC SERVICES	247	353		11,049.44		31.30	.004		44.73		.12
@CHIROPRACTOR	266	575	\$	9,538.64	\$	16.59	.006	\$	35.86	\$	.10
VISITS	249	549		9,124.94		16.62	.006		36.65		.10
OTHER SERVICES	18	26		413.70		15.91	.000		22.98		.00
@PODIATRIST	1,069	1,741	\$	26,248.78	\$		.018	\$		\$	.28
MEDICINE/INJECTIONS	320	383		9,757.58		25.48	.004		30.49		.10
SURGERY/ANES.	70	103		3,361.65		32.64	.001		48.02		.04
RADIO./PATHOLOGY	20	25		460.18		18.41	.000		23.01		.00
OTHER	721	1,230		12,669.37		10.30	.013		17.57		.13
@HOME HEALTH AGENCY	407	24,099	\$	872 <b>,</b> 050.29	\$	36.19		\$	2142.63	\$	9.16
NURSE ANESTHESIST	8	62	\$	309.59	\$	4.99	–	\$	38.70	\$	.00
NURSE MIDWIFE	38	328	\$	8,833.77	\$	26.93		\$	232.47	\$	.09
PEDIATRIC NURSE PRACTITIONER	1	1	\$	40.00	\$	40.00		\$	40.00	\$	.00
FAMILY NURSE PRACTITIONER	2	4	\$	61.57	\$	15.39		\$	30.79	\$	.00
@TOTAL HOSPITAL	16,325	88 <b>,</b> 170	\$	, ,	\$			\$	892.23	\$	153.05
HOSP INPATIENT TOTAL	1,366	9 <b>,</b> 958		12,377,685.70		1242.99	.105		9061.26		130.06
HSC HOSPITALS	163	1,428		2,133,688.72		1494.18	.015		13090.11		22.42
NON-HSC HOSPITAL TOTAL	741	4,647		9,812,345.28		2111.54	.049		13242.03		103.10
ACCOMMODATIONS	732	4,647		2,822,886.84		607.46	.049		3856.40		29.66
ADMINISTRATIVE DAYS	80	994		207,600.38		208.85	.010		2595.00		2.18
TRANSITIONAL IP CARE	0	0		100.68		.00	.000		.00		.00
ALL OTHER ACCOM	694	3 <b>,</b> 653		2,615,185.78		715.90	.038		3768.28		27.48
ANCILLARIES	741	0		6,989,458.44		.00	.000		9432.47		73.44

INPATIENT CROSSOVERS	482	3,883		431,651.98	111.16	.041	895.54	4.54
ALL OTHER INPATIENT	1	0		.28CR	.00	.000	.28CF	.00
HOSP OUTPATIENT TOTAL	15,589	78,212		2,187,923.75	27.97	.822	140.35	22.99
MEDICAL	5,506	8,751		333,583.35	38.12	.092	60.59	3.51
SURGERY	958	1,100		55,197.08	50.18	.012	57.62	.58
PATHOLOGY	5,080	20,980		259,555.12	12.37	.220	51.09	2.73
RADIOLOGY	3,014	4,414		381,227.11	86.37	.046	126.49	4.01
ROOM USE	7,596	11,869		470,244.93	39.62	.125	61.91	4.94
CROSSOVERS/ALL OTH OUTPTNT	8,234	31,098		688,116.16	22.13	.327	83.57	7.23
@COUNTY HOSPITAL TOTAL	60	331	\$	25,344.18 \$	76.57	.003	\$ 422.40	\$ .27
CO HOSPITAL INPATIENT TOTAL	6	27		18,406.98	681.74	.000	3067.83	.19
HSC HOSPITALS	5	16		17,872.00	1117.00	.000	3574.40	.19
NON-HSC HOSPITALS TOTAL	0	0		277.02CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0		277.02CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		277.02CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	11		812.00	73.82	.000	812.00	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	54	304		6,937.20	22.82	.003	128.47	.07
MEDICAL	18	32		1,353.56	42.30	.000	75.20	.01
SURGERY	7	8		269.95	33.74	.000	38.56	.00
PATHOLOGY	22	85		1,331.34	15.66	.001	60.52	.01
RADIOLOGY	9	13		697.26	53.64	.000	77.47	.01
ROOM USE	25	39		1,706.40	43.75	.000	68.26	.02
CROSSOVERS/ALL OTH OUTPTNT	31	127		1,578.69	12.43	.001	50.93	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES MO	NTH-OF-PAYMENT REPOR	RT FOR JAN 2	002 THRU DE	EC 2002	PAGE 14,675
MOP024	FEE-FOR-SERVICE/DENT	AL						01/17/03
SONOMA COLINTY	SIIMMARY OF SERVICES	FOR PUBLIC	ZCCTC	TANCE - DISABLED				

SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

SONOPA COUNTY	DOMMANT OF DER	ATCHO LOW LODDIC W	DDIL	TANCE DISABLED						
							MC	ONTHLY AVERA	GE	
95,169 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Α	VERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE			P	ER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,277	87 <b>,</b> 839	\$	14,540,265.27	\$	165.53	.923	\$ 893.30	\$	152.78
COMM HOSP INPATIENT TOTAL	1,360	9 <b>,</b> 931		12,359,278.72		1244.52	.104	9087.70		129.87
HSC HOSPITALS	158	1,412		2,115,816.72		1498.45	.015	13391.25		22.23
NON-HSC HOSPITALS TOTAL	741	4,647		9,812,622.30		2111.60	.049	13242.41		103.11
ACCOMMODATIONS	732	4,647		2,823,163.86		607.52	.049	3856.78		29.66
ADMINISTRATIVE DAYS	80	994		207,877.40		209.13	.010	2598.47		2.18
TRANSITIONAL IP CARE	0	0		100.68		.00	.000	.00		.00
ALL OTHER ACCOM	694	3 <b>,</b> 653		2,615,185.78		715.90	.038	3768.28		27.48
ANCILLARIES	741	0		6,989,458.44		.00	.000	9432.47		73.44
INPATIENT CROSSOVERS	481	3 <b>,</b> 872		430,839.98		111.27	.041	895.72		4.53
ALL OTHER INPATIENT	1	0		.28C	R	.00	.000	.28C	R	.00
COMM HOSP OUTPATIENT TOTAL	15,546	77 <b>,</b> 908		2,180,986.55		27.99	.819	140.29		22.92
MEDICAL	5,490	8 <b>,</b> 719		332,229.79		38.10	.092	60.52		3.49
SURGERY	951	1,092		54,927.13		50.30	.011	57.76		.58
PATHOLOGY	5,061	20 <b>,</b> 895		258,223.78		12.36	.220	51.02		2.71
RADIOLOGY	3,006	4,401		380,529.85		86.46	.046	126.59		4.00
ROOM USE	7 <b>,</b> 577	11,830		468,538.53		39.61	.124	61.84		4.92
CROSSOVERS/ALL OTH OUTPTNT	8,206	30 <b>,</b> 971		686 <b>,</b> 537.47		22.17	.325	83.66		7.21
@STATE HOSPITAL	2,155	72,243	\$	33,083,006.50	\$	457.94	.759	\$ 15351.74	\$	347.62
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	2,155	72,243		33,083,006.50		457.94	.759	15351.74		347.62
@NURSING FACILITY	879	24,747	\$	3,404,998.13	\$	137.59	.260	\$ 3873.72	\$	35.78
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00

LEV B-REHAB MD	257	8,880		1,069,628.40		120.45	.093		4161.98		11.24
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	21	545		313,032.49		574.37	.006		14906.31		3.29
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	604	15,322		2,022,337.24		131.99	.161		3348.24		21.25
@INTERMEDIATE CARE FACILDD	524	15 <b>,</b> 911	\$	2,778,293.50	\$	174.61	.167	\$	5302.09	\$	29.19
ICF DDH	277	8,531		1,270,069.08		148.88	.090		4585.09		13.35
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	247	7,380		1,508,224.42		204.37	.078		6106.17		15.85
@HEMODIALYSIS TOTAL	508	8,111	\$	492,352.40	\$	60.70	.085	\$	969.20	\$	5.17
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	508	8,111		492,352.40		60.70	.085		969.20		5.17
@REHABILITATION FACILITY	321	5,848	\$	77,989.53	\$	13.34	.061	\$	242.96	\$	.82
HOSPITAL BASED	18	63		2,781.33		44.15	.001		154.52		.03
INDEPENDENT FACILITY	303	5 <b>,</b> 785		75,208.20		13.00	.061		248.21		.79
@LABORATORY FACILITY	4,677	17,892	\$	267,905.84	\$	14.97	.188	\$	57.28	\$	2.82
PATHOLOGY	4,669	17,881		267,756.40		14.97	.188		57.35		2.81
XO AND OTHERS	8	11		149.44		13.59	.000		18.68		.00
@ORGANIZED OUTPATIENT CLINIC	9,028	19,116	\$	1,652,831.25	\$	86.46	.201	\$	183.08	\$	17.37
CLINIC	558	1,797		42,317.46		23.55	.019		75.84		.44
SURGICENTER	117	262		24,257.17		92.58	.003		207.33		.25
HEROIN DETOX CLINIC	4 9	721		8,695.62		12.06	.008		177.46		.09
RURAL HEALTH CLINIC	8,383	16,336		1,577,561.00		96.57	.172		188.19		16.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES	MONTH-OF-PAYMENT	REPORT	' FOR JAN	2002 THRU	DEC	2002	P.	AGE 14,676
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS	SISTANCE - DISABLE	D						

----- MONTHLY AVERAGE -----95,169 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 11,636 790,922 4,112,798.91 5.20 8.311 \$ 353.45 \$ 43.22 @ALL OTHER PROVIDERS 1,585 6,450 10.75 DURABLE MED. EQUIP. 1,022,660.75 158.55 .068 645.21 459.00 459.00 BLOOD BANK 1 1 459.00 .000 .00 .001 HEARING AID DISPENSERS 81 138 28,061.93 203.35 346.44 .29 MEDICAL TRANSPORTATION 2,422 99,363 535,916.92 5.39 1.044 221.27 5.63 AMBULANCES/AIR TRANS 1,121 13,327 209,292.44 15.70 .140 186.70 2.20 547 77,998 248,987.13 3.19 .820 455.19 2.62 OTHER TRANS 8,038 9.66 94.33 OTHER SERVICES 77,637.35 .084 .82 ACUPUNCTURE 136 384 6,419.04 16.72 .004 47.20 .07 ADULT DAY HEALTH CARE CTR 253 2,779 184,268.58 66.31 .029 728.33 1.94 GENETIC DISEASE TESTING 19 19 1,467.00 77.21 .000 77.21 .02 35,008 35.68 .368 IHMC, MODEL-NF, NF, AIDS, MSSP 867 1,249,044.96 1440.65 13.12 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 OPTICIAN 2,116 5,045 62,853.63 12.46 .053 29.70 .66 PHYSICAL THERAPIST 160 1,251 15,692.10 12.54 .013 98.08 .16 37 653.52 17.66 .000 32.68 .01 PORTABLE X-RAY 809 204 105,186.68 130.02 .009 515.62 PROSTHETIST/ORTHOTISTS 1.11 787 PROSTHETICS 187 104,270.33 132.49 .008 557.60 1.10 22 ORTHOTICS 17 916.35 41.65 .000 53.90 .01 PSYCHOLOGIST 231 605 16,810.64 27.79 72.77 .006 .18 754 1.46 SPEECH AND AUDIOLOGY 2,881 138,948.80 48.23 .030 184.28 64 1,538 212,366.50 138.08 3318.23 HOSPICE SERVICES .016 2.23 3 3 1007.23 NONINST BIRTHING CENTERS 3,021.69 1007.23 .000 .03 984 25,385 8.14 210.03 LOCAL EDUCATION AGENCIES 206,673.00 .267 2.17 EPSDT SUPPLEMENTAL SERVICE 73 2,567.14 35.17 .001 285.24 .03 RESPIRATORY CARE PRACT. 58.96 29.48 .000 29.48 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00

ALL OTHER PROVIDERS	3 <b>,</b> 339	609 <b>,</b> 153	319,727.03	.52	6.401	95.76	3.36
@CALIF. CHILDREN SERVICES*	1,369	36,821	\$ 2,824,704.26	\$ 76.71	.387 \$	2063.33 \$	29.68
@XOVER EXCLUDING STATE HOSP**	11,698	131,035	\$ 1,774,791.57	\$ 13.54	1.377 \$	151.72 \$	18.65

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,677 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

001,0121 0001,11	001111111111111111111111111111111111111	TODO TON TODETO	 				
					MO	NTHLY AVERA	GE
70,729 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	32,320	153 <b>,</b> 853	\$ 8,087,429.49	\$ 52.57	2.175	\$ 250.23	\$ 114.34
@PHYSICIANS SERVICES	9,249	20,010	\$ 814,441.56	\$ 40.70	.283	\$ 88.06	\$ 11.51
OUTPATIENT VISITS	6,946	9,326	307,733.41	33.00	.132	44.30	4.35
OFFICE VISITS	4,270	5,548	160,193.40	28.87	.078	37.52	2.26
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,688	3,110	123,074.61	39.57	.044	45.79	1.74
PREVENTIVE CARE	124	126	4,934.78	39.16	.002	39.80	.07
OB VISITS/COMPRE PERI	152	506	17,946.83	35.47	.007	118.07	.25
OTHER OUTPATIENT	31	36	1,583.79	43.99	.001	51.09	.02
INPATIENT VISITS	316	1,010	73,063.09	72.34	.014	231.21	1.03
HOSPITAL VISITS	298	775	37 <b>,</b> 859.22	48.85	.011	127.04	.54
CRITICAL CARE	54	233	35,059.67	150.47	.003	649.25	.50
SNF/ICF/TRANS IP CARE	1	2	144.20	72.10	.000	144.20	.00
OPHTHALMOLOGICAL SERVICES	94	97	4,227.43	43.58	.001	44.97	.06
EXAMINATIONS	84	87	4,179.55	48.04	.001	49.76	.06
SERVICES AND MATERIALS	10	10	47.88	4.79	.000	4.79	.00
INPATIENT HOSPITAL SURGERY	351	1,757	155,532.71	88.52	.025	443.11	2.20
PRINCIPAL SURGEON	215	247	121,355.67	491.32	.003	564.44	1.72
ASSISTANT SURGEON	22	22	3,632.62	165.12	.000	165.12	.05
ANESTHESIOLOGIST	160	1,488	30,544.42	20.53	.021	190.90	.43

OUTPATIENT SURGERY	678	1,680		99,380.22		59.15	.024		146.58		1.41
PRINCIPAL SURGEON	559	695		77 <b>,</b> 554.39		111.59	.010		138.74		1.10
ASSISTANT SURGEON	5	5		493.68		98.74	.000		98.74		.01
ANESTHESIOLOGIST	153	980		21,332.15		21.77	.014		139.43		.30
DIALYSIS	2	4		270.60		67.65	.000		135.30		.00
PATHOLOGY	930	1,644		22,585.33		13.74	.023		24.29		.32
RADIOLOGY	1,825	2,516		73,117.63		29.06	.036		40.06		1.03
PSYCHIATRY	1	1		32.98		32.98	.000		32.98		.00
IMMUNIZATION AND INJECTION	175	371		37,614.87		101.39	.005		214.94		.53
OTHER SERVICES/ALL X-OVERS	743	1,604		40,883.29		25.49	.023		55.02		.58
@PHARMACY	14,499	38 <b>,</b> 523	\$	1,505,113.10	\$	39.07	.545	\$	103.81	\$	21.28
PRESCRIPTION DRUGS	14,413	31,740		1,477,923.75		46.56	.449		102.54		20.90
SNF/ICF	27	82		20,933.11		255.28	.001		775.30		.30
OUTPATIENTS	14,392	31,658		1,456,990.64		46.02	.448		101.24		20.60
MEDICAL SUPPLIES	331	6,783		27,189.35		4.01	.096		82.14		.38
@DENTIST	4,302	19,920	\$	632,386.32	\$	31.75	.282	\$	147.00	\$	8.94
VISITS - DIAGNOSTIC	3,134	12,924		196,427.00		15.20	.183		62.68		2.78
ORAL SURGERY	592	1,198		69,619.66		58.11	.017		117.60		.98
DRUGS	30	32		625.36		19.54	.000		20.85		.01
ANESTHESIA	57	60		5,000.00		83.33	.001		87.72		.07
PERIODONTICS	50	51		7,890.00		154.71	.001		157.80		.11
ENDODONTICS	313	621		61,313.50		98.73	.009		195.89		.87
RESTORATIVE DENTISTRY	1,634	4,527		244,872.05		54.09	.064		149.86		3.46
PROSTHETICS	10	10		185.00		18.50	.000		18.50		.00
DENTURES, STAYPLATES	47	186		16,285.00		87.55	.003		346.49		.23
SPACE MAINTAINERS	50	65		6,449.65		99.23	.001		128.99		.09
MAXILLOFACIAL SERVICES	20	25		2,792.85		111.71	.000		139.64		.04
FRACTURES, DISLOCATIONS	2	3		2,050.00		683.33	.000		1025.00		.03
ORTHODONTIC SERVICES	163	206		18,801.25		91.27	.003		115.35		.27
ALL OTHER SERVICES	11	12		75.00		6.25	.000		6.82		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 20	002 THRU	DEC	2002	PA	GE 14,678
MOP024	FEE-FOR-SERVICE/DE	INTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASSI	STANCE - FAMILIES							

----- MONTHLY AVERAGE -----70,729 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE USER 2,428 24.04 71.36 \$ @OPTOMETRIST 818 58,376.03 .034 \$ .83 DIAGNOSTIC AND ANC. PROCED 543 559 25,426.41 45.49 .008 46.83 .36 EYE APPLIANCES 592 1,757 25,679.24 14.62 .025 43.38 .36 OTHER OPTOMETRIC SERVICES 105 112 7,270.38 64.91 .002 69.24 .10 .002 \$ @CHIROPRACTOR 95 161 2,662.66 16.54 28.03 \$ .04 VISITS 95 161 2,662.66 16.54 .002 28.03 .04 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 34 73 2,161.02 29.60 .001 \$ 63.56 \$ .03 29 42 32.51 .001 47.08 MEDICINE/INJECTIONS 1,365.28 22 SURGERY/ANES. 13 572.28 26.01 .000 44.02 .01 RADIO./PATHOLOGY 4 6 110.72 18.45 .000 27.68 .00 2 3 .000 OTHER 112.74 37.58 56.37 .00 @HOME HEALTH AGENCY 210 13,954.38 66.45 .003 \$ 202.24 .20 7 NURSE ANESTHESIST 144.69 20.67 .000 \$ 72.35 .00 123 1,187 27,587.59 23.24 .017 \$ 224.29 .39 NURSE MIDWIFE .00 0 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 \$ .00 57.20 .000 \$ FAMILY NURSE PRACTITIONER 286.00 57.20 .00 @TOTAL HOSPITAL 8,744 31,455 3,479,541.20 110.62 .445 \$ 397.93 \$ 49.20 .020 HOSP INPATIENT TOTAL 351 1,423 2,589,454.30 1819.71 7377.36 36.61 HSC HOSPITALS 27 164 257,276.54 1568.76 .002 9528.76 3.64

NON-HSC HOSPITAL TOTAL	326	1,259		2,332,177.76	1852.40	.018	7153.92		32.97
ACCOMMODATIONS	324	1,259		918,143.48	729.26	.018	2833.78		12.98
ADMINISTRATIVE DAYS	3	. 8		1,288.88	161.11	.000	429.63		.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	322	1,251		916,854.60	732.90	.018	2847.37		12.96
ANCILLARIES	323	0		1,414,034.28	.00	.000	4377.82		19.99
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8,549	30,032		890,086.90	29.64	.425	104.12		12.58
MEDICAL	3,334	4,419		150,705.15	34.10	.062	45.20		2.13
SURGERY	637	761		33,121.98	43.52	.011	52.00		.47
PATHOLOGY	2,437	7,563		90,540.41	11.97	.107	37.15		1.28
RADIOLOGY	1,684	2,301		139,442.60	60.60	.033	82.80		1.97
ROOM USE	6,847	9,212		354,941.47	38.53	.130	51.84		5.02
CROSSOVERS/ALL OTH OUTPINT	2,615	5,776		121,335.29	21.01	.082	46.40		1.72
@COUNTY HOSPITAL TOTAL	28	83	\$	3,395.38	\$ 40.91	.001	\$ 121.26	\$	.05
CO HOSPITAL INPATIENT TOTAL	1	1		1,075.00	1075.00	.000	1075.00		.02
HSC HOSPITALS	1	1		1,075.00	1075.00	.000	1075.00		.02
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	27	82		2,320.38	28.30	.001	85.94		.03
MEDICAL	15	18		624.09	34.67	.000	41.61		.01
SURGERY	3	6		176.70	29.45	.000	58.90		.00
PATHOLOGY	5	15		250.83	16.72	.000	50.17		.00
RADIOLOGY	3	14		295.25	21.09	.000	98.42		.00
ROOM USE	14	19		854.46	44.97	.000	61.03		.01
CROSSOVERS/ALL OTH OUTPINT	7	10		119.05	11.91	.000	17.01		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PA	GE 14,679
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	C ASS	SISTANCE - FAMILIES					
							NTHLY AVERA	GE -	
70,729 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAL			PER UNIT/DAY		USER		CLIGIBLE
ACOMMINITY HOSPITAL TOTAL	8.724	31.372	Ś	3.476.145 82	\$ 110.80	444	\$ 398 46	Ś	49 15

70,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,724	31,372	\$ 3,476,145.82	\$ 110.80	.444	\$ 398.46	\$ 49.15
COMM HOSP INPATIENT TOTAL	350	1,422	2,588,379.30	1820.24	.020	7395.37	36.60
HSC HOSPITALS	26	163	256,201.54	1571.79	.002	9853.91	3.62
NON-HSC HOSPITALS TOTAL	326	1,259	2,332,177.76	1852.40	.018	7153.92	32.97
ACCOMMODATIONS	324	1,259	918,143.48	729.26	.018	2833.78	12.98
ADMINISTRATIVE DAYS	3	8	1,288.88	161.11	.000	429.63	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	322	1,251	916,854.60	732.90	.018	2847.37	12.96
ANCILLARIES	323	0	1,414,034.28	.00	.000	4377.82	19.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,529	29 <b>,</b> 950	887 <b>,</b> 766.52	29.64	.423	104.09	12.55
MEDICAL	3,320	4,401	150,081.06	34.10	.062	45.21	2.12
SURGERY	634	755	32,945.28	43.64	.011	51.96	.47
PATHOLOGY	2,433	7,548	90,289.58	11.96	.107	37.11	1.28
RADIOLOGY	1,682	2,287	139,147.35	60.84	.032	82.73	1.97
ROOM USE	6,837	9,193	354,087.01	38.52	.130	51.79	5.01

SCRATE ROSSOVERS/ATT. OPH GUTPTNT												
MINTALLY III.	CROSSOVERS/ALL OTH OUTPTNT	2 <b>,</b> 608	5 <b>,</b> 766		121,216.24		21.02					1.71
DEPARTMENT DISSAILUD   0	@STATE HOSPITAL	0	0	\$	.00	\$			\$		\$	.00
SMIRESTRIC FACTION   0   0   0   0   0   0   0   0   0	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
TAPLY A-THYSEMPOIDATE	DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
LEY B-RESEAD D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEY B-SUBACUTE FREEETRADENDO U 0 0.00 .000 .000 .000 .000 .000 .000	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEY B-SURACUTE REPTL BASED	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEY B-SURACUTE HSPEL BASED U 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0.	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IF CARE  LEV B-TRANSITIONAL INTERNSITIONAL INTERN	LEV B-SUBACUTE HSPTL BASED	0	0		.00			.000		.00		.00
CHINERMEDIATE CARE FACIL-DD	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
STREEMEDIATE CARE FACIL-DD   1 61 \$ 9,099.37 \$ 149.17 .001 \$ 9099.37 \$ 1.31   CF DD   1 61 \$ 9,099.37 \$ 149.17 .001 \$ 9099.37 \$ 1.31   CF DD   1 60 0 0 0 .00 .00 .00 .00 .000 9099.37 \$ 1.33   CF DD   1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		.00			.000		.00		.00
TCF DRD	@INTERMEDIATE CARE FACILDD	1	61	\$		\$			\$		\$	.13
TOT DDY/DDEN		1				·					·	.13
TOT DEN/DOCN   0		0	0									
Hemmodialysis total		0	0									
HEMODIALYSIS CENTER		2		Ś		Ś			Ś		Ś	
REMADILITYSIS CENTER				7		т.			т.		7	
REBERBLITATION FACILITY												
NOBSITAL BASED   0				Ś		Ś			Ś		Ś	
TIMESPENDENT FRCILITY				۲		۲			۲		۲	
STATEMENT   PATHOLOGY												
PATHOLOGY				Ś	- <b>,</b>				¢		Ś	
SORGANIZED OUTPATIENT CLINIC   6,149   11,600   1,123,692.98   5,96.87   1.64   \$182.74   \$15.89	-			۲	•	٧			٧		٧	
CLINIC   956   3,068   77,586.02   25.29   .164   11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00   .11.00		-	•		·							
CLINIC   956   3,068   77,586.02   25.29   .043   81.16   1.10				ċ		ċ			ċ		ċ	
SURGICENTER				Ą		Ą			ې		Ą	
HEROIN DETOX CLINIC			,									
RUNAL HEALTH CLINIC   5,213												
#CALLF DEPT OF HEALTH SERV MODPO24 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,680 O1/17/03 SONOMA COUNTY FEE-FOR-SERVICES FOR PUBLIC ASSISTANCE - FAMILIES												
MOPO24   STEFFOR-SERVICES FOR PUBLIC ASSISTANCE - FAMILIES									550			
SONOMA COUNTY   SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES   SUMMARY OF SERVICE   OR DAYS OF CARE   OR DAYS				RES I	MONTH-OF-PAYMENT RE	SPOR	T FOR JAN	2002 THRU	DEC	2002	PA	
Total   Tota												01/1//03
TO,729 ELIGIBLES   USERS   UNITS OF SERVICE OR DAYS OF CARE	SONOMA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASS	ISTANCE - FAMILIES				0.TT		<b>C D</b>	
GALL OTHER PROVIDERS         3,465         21,813         \$ 312,968.94         \$ 14.35         3.08         \$ 90.32         \$ 4.42           DURABLE MED. EQUIP.         120         243         31,486.30         129.57         .003         262.39         .45           BLOOD BANK         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .	70 700 51 7075 70					3.7.7						
GALL OTHER PROVIDERS         3,465         21,813         \$ 312,968.94         \$ 14.35         .308         \$ 90.32         \$ 4.42           DURABLE MED. EQUIP.         120         243         31,466.30         129.57         .003         262.39         .45           BLOOD BANK         0         0         .00         .00         .00         .00         .00           HEARING AID DISPENSERS         6         19         7,585.90         399.26         .000         1264.32         .11           MEDICAL TRANSPORTATION         313         3,502         71,894.68         20.53         .050         229.70         1.02           AMBULANCES/AIR TRANS         311         3,491         57,474.84         16.46         .049         184.81         .81           OTHER TRANS         1         3         19.84         6.61         .000         19.84         .00           OTHER SERVICES         8         8         14,400.00         1800.00         .000         1800.00         .20           ACUPUNCTURE         35         85         1,486.80         17.49         .001         42.48         .02           ADULT DAY HEALTH CARE CTR         0         0         .00         .00	/U,/29 ELIGIBLES	USERS			EXPENDITURES							
DURABLE MED. EQUIP.         120         243         31,486.30         129.57         .003         262.39         .45           BLOOD BANK         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	0	0.465			210 060 04							
BLOOD BANK 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0				Ş		Ş			Ş		Ş	
HEARING AID DISPENSERS 6 19 7,585.90 399.26 .000 1264.32 .11 MEDICAL TRANSPORTATION 313 3,502 71,894.68 20.53 .050 229.70 1.02 AMBULANCES/AIR TRANS 311 3,491 57,474.84 16.46 .049 184.81 .81 OTHER TRANS 1 3 3 19.84 6.61 .000 19.84 .00 OTHER SERVICES 8 8 8 14,400.00 1800.00 .000 1800.00 .20 ACUPUNCTURE 35 85 1,486.80 17.49 .001 42.48 .02 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .000 .000 GENETIC DISEASE TESTING 97 100 7,010.00 70.10 .001 72.27 .10 IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 0 .00 .00 .00 .000 .00 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 OCTICIAN 740 1,641 16,880.54 10.29 .023 22.81 .24 PHYSICAL THERAPIST 38 256 4,039.39 15.78 .004 106.30 .06 PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 31 80 12,294.43 153.68 .001 396.59 .17 PROSTHETICS 26 74 11,979.20 161.88 .001 396.59 .17 ORTHOTICS 5 6 315.23 52.54 .000 63.05 .00 PSYCHOLOGIST 9 37 2,544.82 68.78 .001 282.76 .04	<del></del>											
MEDICAL TRANSPORTATION         313         3,502         71,894.68         20.53         .050         229.70         1.02           AMBULANCES/AIR TRANS         311         3,491         57,474.84         16.46         .049         184.81         .81           OTHER TRANS         1         3         19.84         6.61         .000         19.84         .00           OTHER SERVICES         8         8         14,400.00         1800.00         .000         .000         .20           ACUPUNCTURE         35         85         1,486.80         17.49         .001         42.48         .02           ADULT DAY HEALTH CARE CTR         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00												
AMBULANCES/AIR TRANS 311 3,491 57,474.84 16.46 .049 184.81 .81 OTHER TRANS 1 3 19.84 6.61 .000 19.84 .00 OTHER SERVICES 8 8 8 14,400.00 1800.00 .000 1800.00 .20 ACUPUNCTURE 35 85 1,486.80 17.49 .001 42.48 .02 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0					•							
OTHER TRANS         1         3         19.84         6.61         .000         19.84         .00           OTHER SERVICES         8         8         14,400.00         1800.00         .000         1800.00         .20           ACUPUNCTURE         35         85         1,486.80         17.49         .001         42.48         .02           ADULT DAY HEALTH CARE CTR         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00			•									
OTHER SERVICES         8         8         14,400.00         1800.00         .000         1800.00         .20           ACUPUNCTURE         35         85         1,486.80         17.49         .001         42.48         .02           ADULT DAY HEALTH CARE CTR         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         <			3,491		•							
ACUPUNCTURE 35 85 1,486.80 17.49 .001 42.48 .02 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING 97 100 7,010.00 70.10 .001 72.27 .10 IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 0 .00 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 OPTICIAN 740 1,641 16,880.54 10.29 .023 22.81 .24 PHYSICAL THERAPIST 38 256 4,039.39 15.78 .004 106.30 .06 PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS 31 80 12,294.43 153.68 .001 396.59 .17 PROSTHETICS 26 74 11,979.20 161.88 .001 460.74 .17 ORTHOTICS 5 6 315.23 52.54 .000 63.05 .00 PSYCHOLOGIST 9 37 2,544.82 68.78 .001 282.76 .04			3									
ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
GENETIC DISEASE TESTING       97       100       7,010.00       70.10       .001       72.27       .10         IHMC, MODEL-NF, NF, AIDS, MSSP       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00 <td>ACUPUNCTURE</td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ACUPUNCTURE				•							
IHMC, MODEL-NF, NF, AIDS, MSSP       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       <												
OCCUPATIONAL THERAPIST         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	GENETIC DISEASE TESTING				7,010.00		70.10	.001		72.27		.10
OPTICIAN         740         1,641         16,880.54         10.29         .023         22.81         .24           PHYSICAL THERAPIST         38         256         4,039.39         15.78         .004         106.30         .06           PORTABLE X-RAY         0         0         .00         .00         .00         .00         .00         .00           PROSTHETIST/ORTHOTISTS         31         80         12,294.43         153.68         .001         396.59         .17           PROSTHETICS         26         74         11,979.20         161.88         .001         460.74         .17           ORTHOTICS         5         6         315.23         52.54         .000         63.05         .00           PSYCHOLOGIST         9         37         2,544.82         68.78         .001         282.76         .04												
PHYSICAL THERAPIST       38       256       4,039.39       15.78       .004       106.30       .06         PORTABLE X-RAY       0       0       .00       .00       .00       .00       .00       .00         PROSTHETIST/ORTHOTISTS       31       80       12,294.43       153.68       .001       396.59       .17         PROSTHETICS       26       74       11,979.20       161.88       .001       460.74       .17         ORTHOTICS       5       6       315.23       52.54       .000       63.05       .00         PSYCHOLOGIST       9       37       2,544.82       68.78       .001       282.76       .04	OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY       0       0       .00       .00       .00       .00       .00       .00         PROSTHETIST/ORTHOTISTS       31       80       12,294.43       153.68       .001       396.59       .17         PROSTHETICS       26       74       11,979.20       161.88       .001       460.74       .17         ORTHOTICS       5       6       315.23       52.54       .000       63.05       .00         PSYCHOLOGIST       9       37       2,544.82       68.78       .001       282.76       .04	OPTICIAN	740	1,641		16,880.54		10.29	.023		22.81		.24
PROSTHETIST/ORTHOTISTS     31     80     12,294.43     153.68     .001     396.59     .17       PROSTHETICS     26     74     11,979.20     161.88     .001     460.74     .17       ORTHOTICS     5     6     315.23     52.54     .000     63.05     .00       PSYCHOLOGIST     9     37     2,544.82     68.78     .001     282.76     .04	PHYSICAL THERAPIST	38	256		4,039.39		15.78	.004		106.30		.06
PROSTHETICS       26       74       11,979.20       161.88       .001       460.74       .17         ORTHOTICS       5       6       315.23       52.54       .000       63.05       .00         PSYCHOLOGIST       9       37       2,544.82       68.78       .001       282.76       .04	PORTABLE X-RAY		0		.00		.00	.000		.00		.00
PROSTHETICS       26       74       11,979.20       161.88       .001       460.74       .17         ORTHOTICS       5       6       315.23       52.54       .000       63.05       .00         PSYCHOLOGIST       9       37       2,544.82       68.78       .001       282.76       .04	PROSTHETIST/ORTHOTISTS	31	80		12,294.43		153.68	.001		396.59		.17
ORTHOTICS       5       6       315.23       52.54       .000       63.05       .00         PSYCHOLOGIST       9       37       2,544.82       68.78       .001       282.76       .04	PROSTHETICS	26	74				161.88	.001		460.74		.17
PSYCHOLOGIST 9 37 2,544.82 68.78 .001 282.76 .04	ORTHOTICS		6				52.54	.000		63.05		.00
	PSYCHOLOGIST											
12,075.11 75.01 102.02 172.02 110	SPEECH AND AUDIOLOGY	73	158		12,579.14		79.61	.002		172.32		.18

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	2	2	2,014.46	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	2,038	14,820	141,774.54	9.57	.210	69.57	2.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	870	1,377.94	1.58	.012	86.12	.02
@CALIF. CHILDREN SERVICES*	223	2 <b>,</b> 957	\$ 369,043.03	\$ 124.80	.042	\$ 1654.90	\$ 5.22
@XOVER EXCLUDING STATE HOSP**	5	74	\$ 268.76	\$ 3.63	.001	\$ 53.75	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,681
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

SONOMA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE				
					MON	THLY AVERA	GE
190,815 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	121,387	2,200,045 \$	105,277,643.33	\$ 47.85	11.530 \$	867.29	\$ 551.73
@PHYSICIANS SERVICES	29,618	93,048 \$	3,486,183.42	\$ 37.47	.488 \$	117.70	\$ 18.27
OUTPATIENT VISITS	14,875	21,040	761,715.69	36.20	.110	51.21	3.99
OFFICE VISITS	9,502	12,882	399,747.63	31.03	.068	42.07	2.09
HOME VISITS	116	166	8,990.04	54.16	.001	77.50	.05
EMERGENCY ROOM	5,539	6,947	314,932.03	45.33	.036	56.86	1.65
PREVENTIVE CARE	134	136	5,359.01	39.40	.001	39.99	.03
OB VISITS/COMPRE PERI	182	635	20,963.79	33.01	.003	115.19	.11
OTHER OUTPATIENT	235	274	11,723.19	42.79	.001	49.89	.06
INPATIENT VISITS	1,720	8,020	423,444.58	52.80	.042	246.19	2.22
HOSPITAL VISITS	1,392	6,245	277,301.55	44.40	.033	199.21	1.45
CRITICAL CARE	210	956	120,850.11	126.41	.005	575.48	.63
SNF/ICF/TRANS IP CARE	292	819	25,292.92	30.88	.004	86.62	.13
OPHTHALMOLOGICAL SERVICES	590	679	30,171.13	44.43	.004	51.14	.16
EXAMINATIONS	577	666	30,026.20	45.08	.003	52.04	.16
SERVICES AND MATERIALS	13	13	144.93	11.15	.000	11.15	.00
INPATIENT HOSPITAL SURGERY	912	4,804	426,320.87	88.74	.025	467.46	2.23
PRINCIPAL SURGEON	615	858	329,249.20	383.74	.004	535.36	1.73
ASSISTANT SURGEON	52	55	11,054.16	200.98	.000	212.58	.06
ANESTHESIOLOGIST	370	3,891	86,017.51	22.11	.020	232.48	.45
OUTPATIENT SURGERY	1,859	4,861	360,888.76	74.24	.025	194.13	1.89
PRINCIPAL SURGEON	1,520	2,149	296,061.15	137.77	.011	194.78	1.55
ASSISTANT SURGEON	. 21	21	2,175.47	103.59	.000	103.59	.01
ANESTHESIOLOGIST	433	2,691	62,652.14	23.28	.014	144.69	.33
DIALYSIS	104	245	30,157.31	123.09	.001	289.97	.16
PATHOLOGY	2,267	4,686	73,435.83	15.67	.025	32.39	.38
RADIOLOGY	5,711	9,590	372,564.62	38.85	.050	65.24	1.95
PSYCHIATRY	. 16	19	519.26	27.33	.000	32.45	.00
IMMUNIZATION AND INJECTION	671	5,631	445,080.95	79.04	.030	663.31	2.33
OTHER SERVICES/ALL X-OVERS	10,731	33,473	561,884.42	16.79	.175	52.36	2.94
@PHARMACY	86 <b>,</b> 967	732,449 \$		\$ 39.05	3.839 \$		
PRESCRIPTION DRUGS	86,066	338,162	27,731,645.44	82.01	1.772	322.21	145.33
SNF/ICF	1,850	12,317	1,031,804.68	83.77	.065	557.73	5.41
OUTPATIENTS	84,396	325,845	26,699,840.76	81.94	1.708	316.36	139.93
MEDICAL SUPPLIES	6,335	394,287	870,042.21	2.21	2.066	137.34	4.56
@DENTIST	11,030	46,741 \$	•	\$ 38.97	.245 \$		
VISITS - DIAGNOSTIC	7,844	29,694	444,750.50	14.98	.156	56.70	2.33
ORAL SURGERY	1,422	3,704	207,008.88	55.89	.019	145.58	1.08
	•	,	,				

DRUGS	50	55		804.36	14.62	.000	16.09		.00
ANESTHESIA	106	109		9,580.00	87.89	.001	90.38		.05
PERIODONTICS	353	461		73,269.00	158.93	.002	207.56		.38
ENDODONTICS	589	1,006		138,512.00	137.69	.005	235.16		.73
RESTORATIVE DENTISTRY	3,523	9,207		651 <b>,</b> 987.05	70.81	.048	185.07		3.42
PROSTHETICS	82	86		2,000.60	23.26	.000	24.40		.01
DENTURES, STAYPLATES	735	1,992		253,791.46	127.41	.010	345.29		1.33
SPACE MAINTAINERS	52	67		6,689.65	99.85	.000	128.65		.04
MAXILLOFACIAL SERVICES	30	39		5,478.63	140.48	.000	182.62		.03
FRACTURES, DISLOCATIONS	3	4		3,250.00	812.50	.000	1083.33		.02
ORTHODONTIC SERVICES	209	267		24,208.47	90.67	.001	115.83		.13
ALL OTHER SERVICES	40	50		199.30	3.99	.000	4.98		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAG	GE 14,682
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC .	ASSIS	STANCE					
						MON	THLY AVERA	GE	
190,815 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		OST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	3,064	9,091	\$	196,048.33	\$ 21.57	.048 \$	63.98	\$	1.03
DIAGNOSTIC AND ANC. PROCED	1,355	1,415		64 <b>,</b> 047.27	45.26	.007	47.27		.34
EYE APPLIANCES	2,342	7,054		110,898.61	15.72	.037	47.35		.58
OTHER OPTOMETRIC SERVICES	428	622		21,102.45	33.93	.003	49.30		.11
@CHIROPRACTOR	367	752	\$	12,429.36	\$ 16.53	.004 \$		\$	.07
VISITS	347	719		11,938.08	16.60	.004	34.40		.06
OTHER SERVICES	21	33		491.28	14.89	.000	23.39		.00
@PODIATRIST	1,541	2,633	\$	36 <b>,</b> 229.93	\$ 13.76	.014 \$		\$	.19
MEDICINE/INJECTIONS	356	433		11,332.86	26.17	.002	31.83		.06
SURGERY/ANES.	84	126		3,961.11	31.44	.001	47.16		.02
RADIO./PATHOLOGY	2,6	34		631.44	18.57	.000	24.29		.00
OTHER	1,154	2,040		20,304.52	9.95	.011	17.59		.11
@HOME HEALTH AGENCY	532	28 <b>,</b> 563	\$	1,026,167.45	\$ 35.93	.150 \$			5.38
NURSE ANESTHESIST	10	69	\$	454.28	\$ 6.58	.000 \$	45.43	\$	.00

NURSE MIDWIFE	161	1,515	Ċ	36,421.36 \$	24.04	.008 \$	226.22	\$ .19
PEDIATRIC NURSE PRACTITIONER		1,313 1	ب خ	40.00 \$	40.00	.000 \$	40.00	•
	7	9	۶ \$					•
FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL	•		۶ Ś	•	144.30	.000 \$ .699 \$		\$ .00 \$ 100.80
• .	27,862	133,298	Ą			•		•
HOSP INPATIENT TOTAL HSC HOSPITALS	2 <b>,</b> 059 199	13,411 1,642		15,905,648.96	1186.02 1500.37	.070 .009	7724.94 12379.93	83.36 12.91
		•		2,463,606.59				
NON-HSC HOSPITAL TOTAL	1,134	6,221		12,796,787.42	2057.03	.033	11284.64	67.06
ACCOMMODATIONS	1,123	6,221		3,912,315.75	628.89	.033	3483.81	20.50
ADMINISTRATIVE DAYS	94 0	1,060		220,301.60	207.83	.006	2343.63	1.15
TRANSITIONAL IP CARE	•	0		578.92	.00	.000	.00	.00
ALL OTHER ACCOM	1,076	5,161		3,691,435.23	715.26	.027	3430.70	19.35
ANCILLARIES	1,130	0		8,884,471.67	.00	.000	7862.36	46.56
INPATIENT CROSSOVERS	748	5,548		645,255.24	116.30	.029	862.64	3.38
ALL OTHER INPATIENT	1	0		.29CR	.00	.000	.29CR	
HOSP OUTPATIENT TOTAL	26,712	119,887		3,329,008.78	27.77	.628	124.63	17.45
MEDICAL	9,038	13,499		503,911.43	37.33	.071	55.75	2.64
SURGERY	1,626	1,898		91,036.94	47.96	.010	55.99	.48
PATHOLOGY	7,706	29 <b>,</b> 603		362,418.72	12.24	.155	47.03	1.90
RADIOLOGY	4,782	6 <b>,</b> 837		528,290.11	77.27	.036	110.47	2.77
ROOM USE	14,671	21,435		838,911.85	39.14	.112	57.18	4.40
CROSSOVERS/ALL OTH OUTPTNT		46,615		1,004,439.73	21.55	.244	76.23	5.26
@COUNTY HOSPITAL TOTAL	92	436	\$	36,238.15 \$		.002 \$		
CO HOSPITAL INPATIENT TOTAL	8	35		26,694.02	762.69	.000	3336.75	.14
HSC HOSPITALS	7	24		26,159.04	1089.96	.000	3737.01	.14
NON-HSC HOSPITALS TOTAL	0	0		277.02CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0		277.02CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		277.02CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	11		812.00	73.82	.000	812.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	84	401		9,544.13	23.80	.002	113.62	.05
MEDICAL	34	52		2,013.43	38.72	.000	59.22	.01
SURGERY	10	14		446.65	31.90	.000	44.67	.00
PATHOLOGY	28	108		1,645.79	15.24	.001	58.78	.01
RADIOLOGY	12	27		992.51	36.76	.000	82.71	.01
ROOM USE	39	58		2,560.86	44.15	.000	65.66	.01
CROSSOVERS/ALL OTH OUTPTNT		142		1,884.89	13.27	.001	45.97	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT REPOR	RT FOR JAN 20	002 THRU DEG	2002	PAGE 14,683
MOP024	FEE-FOR-SERVICE/DENTA	L						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES F	OR PUBLIC	ASSI	STANCE				

----- MONTHLY AVERAGE -----190,815 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 27,790 .696 \$ @COMMUNITY HOSPITAL TOTAL 132,862 19,198,419.59 \$ 144.50 690.84 \$ 100.61 1187.12 .070 7742.06 COMM HOSP INPATIENT TOTAL 2,051 13,376 15,878,954.94 83.22 12.77 HSC HOSPITALS 192 1,618 2,437,447.55 1506.46 .008 12695.04 NON-HSC HOSPITALS TOTAL 1,134 6,221 12,797,064.44 2057.08 .033 11284.89 67.07 1,123 ACCOMMODATIONS 6,221 3,912,592.77 628.93 .033 3484.05 20.50 94 1,060 220,578.62 208.09 2346.58 1.16 ADMINISTRATIVE DAYS .006 0 578.92 .00 .00 .00 TRANSITIONAL IP CARE 0 .000 5,161 715.26 19.35 ALL OTHER ACCOM 1,076 3,691,435.23 .027 3430.70 ANCILLARIES 1,130 0 8,884,471.67 .00 .000 7862.36 46.56 INPATIENT CROSSOVERS 747 5,537 644,443.24 116.39 .029 862.71 3.38 ALL OTHER INPATIENT 1 .29CR .00 .000 .29CR .00

SURGERY	1,616	1,884		90,590.29		48.08	.010	56.06		. 47
PATHOLOGY	7,682	29 <b>,</b> 495		360,772.93		12.23	.155	46.96		1.89
RADIOLOGY	4,772	6,810		527,297.60		77.43	.036	110.50		2.76
ROOM USE	14.642	21.377		006 050 00				57.12		4.38
CROSSOVERS/ALL OTH OUTPTNT	14,642 13,139	21,377 46,473		1 002 554 84		39.12 21.57	.244	76.30		5.25
@STATE HOSPITAL	2,215	74,061	Ċ	1,002,554.84 33,874,168.29	Ċ	457.38	300	15293.08	Ċ	
	2,213	74,001	Y	.00		.00	.000	.00	Y	.00
MENTALLY ILL DEVELOP. DISABLED	0 01 5	-								
		74,061	_	33,874,168.29		457.38	.388	15293.08	_	177.52
@NURSING FACILITY	1,325	35 <b>,</b> 325	Ş	4,807,972.53				3628.66		
LEV A-INTERMEDIATE	1	8		676.96		84.62		676.96		.00
LEV B-REHAB MD	261	9,000		1,078,565.40		119.84	.047	4132.43		5.65
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	21	545		313,032.49		574.37	.003	14906.31		1.64
LEV B-TRANSITIONAL IP CARE	0	0		.00		0.0	.000	.00		.00
LEV B-REGULAR	0 1,045	25,772		3,415,697.68		132.54	.135	3268.61		17.90
@INTERMEDIATE CARE FACILDD		15,972	\$		¢	174.52		5309.32	Ś	14.61
ICF DDH	278	8,592	Y	1,279,168.45	Y	148.88	.045	4601.33	Y	6.70
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	247	7,380		1,508,224.42		204.37	.039	6106.17		7.90
@HEMODIALYSIS TOTAL	626	8,508		638,542.53				1020.04	Ş	3.35
HOSPITAL BASED	6	153		61,952.40		404.92	.001	10325.40		.32
ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY	620	8 <b>,</b> 355		576 <b>,</b> 590.13		69.01	.044	929.98		3.02
@REHABILITATION FACILITY	368	6,665	\$	88,998.39	\$	13.35	.035	241.84	\$	.47
HOSPITAL BASED	18	62		2,759.57		44.51	.000	153.31		.01
INDEPENDENT FACILITY		6,603		86,238.82		13.06	.035	246.40		.45
INDEPENDENT FACILITY @LABORATORY FACILITY	6.929	24,163		367,464.84	Ś	15.21	127 9	53.03	Ś	1.93
PATHOLOGY	6 <b>,</b> 917	24,146	Ψ.	367,195.36	Τ	15.21	.127	53.09	т	1.92
XO AND OTHERS	12	17		269.48		15.21 15.85	.000	22.46		.00
@ORGANIZED OUTPATIENT CLINIC		32 <b>,</b> 658	\$	2,877,189.23	Ċ	88.10	.171		Ċ	15.08
CLINIC				120 007 64	Ą	00.10	.026	79.06	ې	.63
	1,519	4,871		120,087.64		24.65 103.05	.026			
SURGICENTER	231	458				103.05		204.32		.25
HEROIN DETOX CLINIC	58	826		9,918.06		12.01	.004	171.00		.05
RURAL HEALTH CLINIC	14,726	26,503		2,699,985.71		101.87	.139	183.35		14.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU DE	EC 2002	P	AGE 14,684
MOP024	FEE-FOR-SERVIC	E/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS	ISTANCE						
							MON			
190,815 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	18,686	954 <b>,</b> 522	\$	5,383,658.70	\$	5.64	5.002	288.11	\$	28.21
DURABLE MED. EOUIP.	1,878	7,240		1,149,039.67		158.71	.038	611.84		6.02
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	. 1	. 1		459.00		459.00	.000	459.00		.00
HEARING AID DISPENSERS	170	279		54,907.35		196 80	.000 .001 .673	322.98		.29
MEDICAL TRANSPORTATION	3 405	128,473				196.80 5.60	673	211.45		3.77
AMDITANCES / ATD TRANS	1 /50	17,011		271 161 24		15 04	.089	185.98		1.42
AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	1,450	17,011		271,161.24 323,027.98		15.94 3.26	.009			
OTHER TRANS	800	99,085		•				403.78		1.69
	, -	12,377		125,787.77		10.16		99.75		.66
ACUPUNCTURE	202	563		9,511.61		16.89	.003	47.09		.05
ADULT DAY HEALTH CARE CTR	399	4,225		280,690.27		66.44	.022	703.48		1.47
GENETIC DISEASE TESTING	116	119		8,477.00		71.24	.001	73.08		.04
IHMC, MODEL-NF, NF, AIDS, MSSP	1,923	41,403		1,672,177.95		40.39	.217	869.57		8.76
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	3,364	7,919		97,949.67		12.37	.042	29.12		.51
PHYSICAL THERAPIST	202	1,529		19,859.34		12.99	.008	98.31		.10
	_ 72	=, =23		,						

3,319,464.65

501,898.00

90,590.29

27.78

37.32

48.08

.626

.070

.010

124.58

55.72

56.06

17.40

2.63

.47

26,646

9,007

1,616

119,486

13,447

1,884

COMM HOSP OUTPATIENT TOTAL

MEDICAL SURGERY

PORTABLE X-RAY	23	46	659.97	14.35	.000	28.69	.00
PROSTHETIST/ORTHOTISTS	249	928	121,167.57	130.57	.005	486.62	.64
PROSTHETICS	227	900	119,935.99	133.26	.005	528.35	.63
ORTHOTICS	22	28	1,231.58	43.99	.000	55.98	.01
PSYCHOLOGIST	251	675	19,731.27	29.23	.004	78.61	.10
SPEECH AND AUDIOLOGY	947	3,315	167,142.63	50.42	.017	176.50	.88
HOSPICE SERVICES	94	2,202	293,723.00	133.39	.012	3124.71	1.54
NONINST BIRTHING CENTERS	5	5	5,036.15	1007.23	.000	1007.23	.03
LOCAL EDUCATION AGENCIES	3,066	42,660	361,412.58	8.47	.224	117.88	1.89
EPSDT SUPPLEMENTAL SERVICE	9	73	2,567.14	35.17	.000	285.24	.01
RESPIRATORY CARE PRACT.	2	2	58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,784	712,867	399,169.54	.56	3.736	83.44	2.09
@CALIF. CHILDREN SERVICES*	1,719	43,861	\$ 3,406,163.38	\$ 77.66	.230	\$ 1981.48	\$ 17.85
@XOVER EXCLUDING STATE HOSP**	17,945	180,533	\$ 2,641,486.96	\$ 14.63	.946	\$ 147.20	\$ 13.84

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,685 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

						MC	NTI	HLY AVERA	GΕ	
12,918 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	8 <b>,</b> 659	139,189	\$ 4,459,149.38	\$	32.04	10.775	\$	514.97	\$	345.19
@PHYSICIANS SERVICES	1,611	9,122	\$ 202,735.28	\$	22.22	.706	\$	125.84	\$	15.69
OUTPATIENT VISITS	307	444	21,206.95		47.76	.034		69.08		1.64
OFFICE VISITS	220	313	12,578.68		40.19	.024		57.18		.97
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	104	128	8,553.55		66.82	.010		82.25		.66
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	3	3	74.72		24.91	.000		24.91		.01
INPATIENT VISITS	81	336	16,232.76		48.31			200.40		1.26
HOSPITAL VISITS	70	281	11,842.72		42.14	.022		169.18		.92
CRITICAL CARE	9	36	3 <b>,</b> 657.50		101.60	.003		406.39		.28
SNF/ICF/TRANS IP CARE	15	19	732.54		38.55	.001		48.84		.06
OPHTHALMOLOGICAL SERVICES	43	54	2,465.16		45.65	.004		57.33		.19
EXAMINATIONS	43	54	2,465.16		45.65	.004		57.33		.19
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	46	254	18,433.34		72.57	.020		400.72		1.43
PRINCIPAL SURGEON	31	46	13,250.36		288.05			427.43		1.03
ASSISTANT SURGEON	6	6	1,082.84		180.47			180.47		.08
ANESTHESIOLOGIST	19	202	4,100.14		20.30			215.80		.32
OUTPATIENT SURGERY	89	294	38,577.04		131.21			433.45		2.99
PRINCIPAL SURGEON	73	87	34,225.32		393.39	.007		468.84		2.65
ASSISTANT SURGEON	4	4	370.45		92.61	.000		92.61		.03
ANESTHESIOLOGIST	31	203	3 <b>,</b> 981.27		19.61	.016		128.43		.31
DIALYSIS	8	13	2,022.17		155.55	.001		252.77		.16
PATHOLOGY	59	113	2 <b>,</b> 207.85		19.54	.009		37.42		.17
RADIOLOGY	258	622	28 <b>,</b> 910.69		46.48	.048		112.06		2.24
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	74	9,166.68		123.87	.006		763.89		.71
OTHER SERVICES/ALL X-OVERS	1,100	6,918	63,512.64		9.18	.536		57.74		4.92
@PHARMACY	7,174	· · <b>/</b> · ·	\$ 1,582,148.27	\$			\$		\$	122.48
PRESCRIPTION DRUGS	7,060	26,906	1,526,841.41		56.75	2.083		216.27		118.19

SNF/ICF	2.47	1,387		63,786.37		45.99	.107		258.24		4.94
OUTPATIENTS	6 <b>,</b> 833	25,519		1,463,055.04		57.33	1.975		214.12		113.26
		34,081		55,306.86		1.62	2.638		94.87		4.28
MEDICAL SUPPLIES		1,665	\$	91,748.08			.129	ċ		ċ	7.10
@DENTIST	440	969	Ş			14.22	.129	Ş	49.57	Ş	1.07
VISITS - DIAGNOSTIC ORAL SURGERY	∠ / 8 7 1	238		13,781.07 13,295.83		55.86	.075		187.27		1.07
ORAL SURGERI	/1	230				.00	.000		.00		.00
DRUGS	0	2		.00 200.00		100.00	.000		100.00		
ANESTHESIA	2	24									.02
PERIODONTICS	ZZ 11	24 11		2,865.00		119.38	.002		130.23		.22 .18
ENDODONTICS RESTORATIVE DENTISTRY	440 278 71 0 2 22 11 97 3	207		2,286.00		207.82 113.36	.001		207.82 241.92		1.82
RESTORATIVE DENTISTRY	97	207		23,466.00							
PROSTHETICS	87	3		90.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	8 /	211		35,764.18		169.50	.016		411.08		2.77
SPACE MAINTAINERS		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	9		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
		CES AND EXPENDITURE	is M	ONTH-OF-PAYMENT	REPOR	RT FOR JAN	2002 THRU	DEC	2002	F	PAGE 14,686
MOP024	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- AGED	AID	CODE 14 1H		0375		<b>C D</b>	
10 010 51 50 51							M			GE.	
12,918 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		/ERAGE COST					COST PER
0.0000000000000000000000000000000000000	1 5 4	OR DAYS OF CARE	<b>~</b>	0 100 55		ER UNIT/DAY	_		USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	154	462	\$	9,180.55		19.87	.036	\$	59.61	\$	.71
DIAGNOSTIC AND ANC. PROCED	36	37		1,653.43		44.69	.003		45.93		.13
EYE APPLIANCES	125 32	364		5,974.04		16.41	.028		47.79		.46
OTHER OPTOMETRIC SERVICES	32	61	<b>~</b>	1,553.08		25.46	.005	<u> </u>	48.53	<u> </u>	.12
@CHIROPRACTOR	0	0	\$	.00		.00	.000	\$	.00	\$	.00
VISITS		0		.00		.00	.000		.00		.00
OTHER SERVICES	0 120		ċ	.00		.00	.000	Ċ	.00	Ċ	.00
@PODIATRIST	120	188	\$	2,145.45		11.41	.015	Ş	17.88	Ş	.17
MEDICINE/INJECTIONS	8	8		277.70		34.71	.001		34.71		.02
SURGERY/ANES.	6	17 0		385.79		22.69	.001		64.30		.03
RADIO./PATHOLOGY	109			.00		.00	.000		.00		.00
OTHER	109	163	<b>~</b>	1,481.96		9.09	.013	<u> </u>	13.60	<u> </u>	.11
@HOME HEALTH AGENCY	11 0	89	\$ \$	6,263.88		70.38	.007		569.44		.48
NURSE ANESTHESIST	0	0	Ş	.00		.00	.000		.00	\$	.00
NURSE MIDWIFE	•	0	\$ \$	.00		.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONEF	0	0	\$ \$	.00	т.	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	1 226		Ş	.00		.00	.000		.00		.00
@TOTAL HOSPITAL	1,306 185	6,586	Ş	1,211,876.11			.510	Ş	927.93	Ş	93.81
HOSP INPATIENT TOTAL		1,326		1,078,024.38		812.99	.103		5827.16		83.45
				00 00 00		1 5 0 5 0 0	0.01		6060 00		1 60
HSC HOSPITALS	3	13		20,605.00		1585.00	.001		6868.33		1.60
NON-HSC HOSPITAL TOTAL	3 64	13 383		961,251.29		2509.79	.030		15019.55		74.41
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	3 64 64	13 383 383		961,251.29 237,434.13		2509.79 619.93	.030		15019.55 3709.91		74.41 18.38
NON-HSC HOSPITAL TOTAL	3 64	13 383		961,251.29		2509.79	.030		15019.55		74.41

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

62

64

0

118

228

36

278

1,177

346

0

930

0

358

43

5,260

1,051

228,904.90

723,817.16

133,851.73

12,219.02

3,850.73

12,694.16

96,168.09

.00

661.57

103.41

25.45

34.13

89.55

12.08

.00

.00

.027

.000

.072

.000

.407

.028

.003

.081

3692.01

814.98

.00

53.59

45.66

113.72

106.96

11309.64

17.72

56.03

7.44

10.36

.00

.95

.30

.98

RADIOLOGY	188	278	20,482.11	73.68	.022	108.95	1.59
ROOM USE	256	377	15,767.91	41.82	.029	61.59	1.22
CROSSOVERS/ALL OTH OUTPTNT	816	3,153	68,837.80	21.83	.244	84.36	5.33
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 14,687
MOP024	FEE-FOR-SERVICE/DE	CNTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE	ES FOR MN - NO S	SOC - AGED	AID CODE 14 1H	1U		
					MON'	THLY AVERAC	GE
12,918 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,306	6,586	1,211,876.11	\$ 184.01	.510 \$	927.93	\$ 93.81
COMM HOSP INPATIENT TOTAL	185	1,326	1,078,024.38	812.99	.103	5827.16	83.45
HSC HOSPITALS	3	13	20,605.00		.001	6868.33	1.60
NON-HSC HOSPITALS TOTAL	64	383	961,251.29		.030	15019.55	74.41
ACCOMMODATIONS	64	383	237,434.13	619.93	.030	3709.91	18.38

ADMINISTRATIVE DAYS	4	37		8,529.23		230.52	.003		2132.31		.66
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	62	346		228,904.90		661.57	.027		3692.01		17.72
ANCILLARIES	64	0		723,817.16		.00	.000		11309.64		56.03
INPATIENT CROSSOVERS	118	930		96,168.09		103.41	.072		814.98		7.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,177	5 <b>,</b> 260		133,851.73		25.45	.407		113.72		10.36
MEDICAL	228	358		12,219.02		34.13	.028		53.59		.95
SURGERY	36	43		3,850.73		89.55	.003		106.96		.30
PATHOLOGY	278	1,051		12,694.16		12.08	.081		45.66		.98
RADIOLOGY	188	278		20,482.11		73.68	.022		108.95		1.59
ROOM USE	256	377		15,767.91		41.82	.029		61.59		1.22
CROSSOVERS/ALL OTH OUTPTNT		3,153		68,837.80		21.83	.244		84.36		5.33
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	283	6,036	\$	792,043.38		131.22	.467	Ş	2798.74	Ş	61.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	283	6,036		792,043.38		131.22	.467		2798.74		61.31
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0 54	0	Ċ	.00		.00	.000	Ċ	.00	Ċ	.00
@HEMODIALYSIS TOTAL	0	236	\$	38,988.98	\$	165.21	.018	Ş	722.02	Ş	3.02
HOSPITAL BASED	54	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	54 1	236 1	ċ	38,988.98	\$	165.21	.018	ċ	722.02	ċ	3.02
@REHABILITATION FACILITY	1	1	\$	29.06 29.06		29.06 29.06	.000	Ş	29.06 29.06	Ş	.00
HOSPITAL BASED INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	209	947	\$	9,694.71		10.24	.073	Ċ	46.39	\$	.75
PATHOLOGY	209	946	Ą	9,694.71	ş	10.24	.073	Ą	46.55	Ą	.75
XO AND OTHERS	1	1		11.78		11.78	.000		11.78		.00
@ORGANIZED OUTPATIENT CLINIC	956	1,576	\$	113,700.49		72.14	.122	Ś	118.93	Ś	8.80
CLINIC CLINIC	3	12	٧	230.24		19.19	.001	Y	76.75	Y	.02
SURGICENTER	70	131		15,682.47		119.71	.010		224.04		1.21
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	894	1,433		97,787.78		68.24	.111		109.38		7.57
#CALIF DEPT OF HEALTH SERV			IRES M	MONTH-OF-PAYMENT I	REPOR'			DEC		PΖ	AGE 14,688
MOP024	FEE-FOR-SERVICE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2002 111110		2002		01/17/03
SONOMA COUNTY		VICES FOR MN - N	10 SOC	C - AGED	AID	CODE 14 1H	1U				-, ,
							M	ONT	HLY AVERA	GE -	
12,918 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
,		OR DAYS OF CAP				R UNIT/DAY			USER	Ε	ELIGIBLE
@ALL OTHER PROVIDERS	1,323	51,294	\$	398,595.14	\$	7.77	3.971		301.28		30.86
DURABLE MED. EQUIP.	61	181		35,836.35		197.99	.014		587.48		2.77
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	28	50		5,745.32		114.91	.004		205.19		. 44
MEDICAL TRANSPORTATION	254	10,515		55,824.11		5.31	.814		219.78		4.32
AMBULANCES/AIR TRANS	26	338		5,274.04		15.60	.026		202.85		.41
OTHER TRANS	94	8,818		39,934.04		4.53	.683		424.83		3.09
OTHER SERVICES	142	1,359		10,616.03		7.81	.105		74.76		.82
ACUPUNCTURE	7	11		204.09		18.55	.001		29.16		.02

ADULT DAY HEALTH CARE CTR	105	1,131	75,451.18	66.71	.088	718.58	5.84
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	316	1,845	122,608.99	66.45	.143	388.00	9.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	198	478	6,097.33	12.76	.037	30.79	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	3	5	143.43	28.69	.000	47.81	.01
PROSTHETICS	2	3	63.53	21.18	.000	31.77	.00
ORTHOTICS	1	2	79.90	39.95	.000	79.90	.01
PSYCHOLOGIST	4	5	89.64	17.93	.000	22.41	.01
SPEECH AND AUDIOLOGY	37	75	6 <b>,</b> 739.72	89.86	.006	182.15	.52
HOSPICE SERVICES	21	487	56,454.23	115.92	.038	2688.30	4.37
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	505	36,510	33,400.10	.91	2.826	66.14	2.59
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2,094	15,745	\$ 375,059.09	\$ 23.82	1.219	\$ 179.11	\$ 29.03

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,689
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

MONIBULLY BUILDINGS

					MO	NTHLY AVERA	GE
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	40	613 \$	79 <b>,</b> 846.77	\$ 130.26	23.577	\$ 1996.17	\$ 3071.03
@PHYSICIANS SERVICES	6	27 \$	902.92	\$ 33.44	1.038	\$ 150.49	\$ 34.73
OUTPATIENT VISITS	2	5	288.16	57.63	.192	144.08	11.08
OFFICE VISITS	2	3	72.00	24.00	.115	36.00	2.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	216.16	108.08	.077	216.16	8.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	9	336.18	37.35	.346	112.06	12.93
HOSPITAL VISITS	3	9	336.18	37.35	.346	112.06	12.93
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	2	7		177.99		25.43	.269		89.00		6.85
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	6		100.59		16.77	.231		25.15		3.87
@PHARMACY	29	109	\$	7,633.58	\$	70.03	4.192	\$	263.23	\$	293.60
PRESCRIPTION DRUGS	27	105		7,618.07		72.55	4.038		282.15		293.00
SNF/ICF	14	78		5,694.09		73.00	3.000		406.72		219.00
OUTPATIENTS	13	27		1,923.98		71.26	1.038		148.00		74.00
MEDICAL SUPPLIES	2	4		15.51		3.88	.154		7.76		.60
@DENTIST	1	3	\$	73.00	\$	24.33	.115	\$	73.00	\$	2.81
VISITS - DIAGNOSTIC	1	3		73.00		24.33	.115		73.00		2.81
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH	-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 14,690

FEE-FOR-SERVICE/DENTAL

MOP024

SONOMA COUNTY

							M	ONT	THLY AVERA	GE	
26 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	16.00	\$	16.00	.038	\$	16.00	\$	.62
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		16.00		16.00	.038		16.00		.62
@HOME HEALTH AGENCY	4	8	\$	381.48	\$	47.69	.308	\$	95.37	\$	14.67
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	26	\$	20,083.53	\$	772.44	1.000	\$	10041.77	\$	772.44
HOSP INPATIENT TOTAL	2	2.6		19,982.00		768.54	1.000		9991.00		768.54
HSC HOSPITALS	1	19		19,190.00		1010.00	.731		19190.00		738.08
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

INPATIENT CROSSOVERS	1	7	792.00	113.14	.269	792.00	30.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	101.53	.00	.000	.00	3.91
MEDICAL	0	0	28.20	.00	.000	.00	1.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	13.59	.00	.000	.00	.52
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	51.66	.00	.000	.00	1.99
CROSSOVERS/ALL OTH OUTPTNT	0	0	8.08	.00	.000	.00	.31
@COUNTY HOSPITAL TOTAL	0	0 \$		\$ .00	.000		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	•	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU D	EC 2002	PAGE 14,691
MOP024	FEE-FOR-SERVICE						01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC -	BLIND	AID CODE	24		
					MO	NTHLY AVERAC	GE
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	26 \$	20,083.53	\$ 772.44	1.000	\$ 10041.77	\$ 772.44
COMM HOSP INPATIENT TOTAL	2	26	19,982.00	768.54	1.000	9991.00	768.54
HSC HOSPITALS	1	19	19,190.00	1010.00	.731	19190.00	738.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	7	792.00	113.14	.269	792.00	30.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	101.53	.00	.000	.00	3.91
MEDICAL	0	0	28.20	.00	.000	.00	1.08
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	13.59	.00	.000	.00	.52
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.000	.00	1.99
RUUM USE	U	U	51.66	.00	.000	.00	1.99

8.08

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49,063.33

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16.115 \$ 3504.52 \$ 1887.05

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CROSSOVERS/ALL OTH OUTPINT

@STATE HOSPITAL MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

0

0

0

0

14

0

0

0

419

0

0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	419		49,063.33		117.10	16.115		3504.52		1887.05
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	18.60	\$	.00	.000	\$	.00	\$	.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		18.60		.00	.000		.00		.72
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	Р	AGE 14,692
MOP024	FEE-FOR-SERVICE/										01/17/03
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC	- BLIND		AID CODE					
									HLY AVERA		
26 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	20	\$	1,674.33	\$	83.72	.769	\$	334.87	\$	64.40
DURABLE MED. EQUIP.	2	4		950.09		237.52	.154		475.05		36.54
BLOOD BANK	0	0		.00		.00	.000		.00		.00

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MEDICAL TRANSPORTATION	1	4	37.90	9.48	.154	37.90	1.46	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	1	4	37.90	9.48	.154	37.90	1.46	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	2	12	686.34	57.20	.462	343.17	26.40	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	·	.00	
@XOVER EXCLUDING STATE HOSP**	7	3 \$	1,255.94	\$ 418.65	.115 \$	179.42 \$	48.31	
<pre>@* TOTALS IN THESE LINES ARE GIVEN</pre>	AS A SEPARATE	INFORMATION ITEM ON	LY;					
THE AMOUNTS ARE ALREADY INCLUDED	IN THE APPROP	RIATE DETAIL LINES A	ABOVE.					
** THESE DATA ARE INCLUDED IN THE	APPROPRIATE DE'	TAIL LINES ABOVE.						

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HEARING AID DISPENSERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,693 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SONOMA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

					MO	NTHLY AVERA	GE
10,253 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8 <b>,</b> 567	154,301 \$	7,579,817.30	\$ 49.12	15.049	\$ 884.77	\$ 739.28
@PHYSICIANS SERVICES	1,835	8 <b>,</b> 799 \$	316,344.08	\$ 35.95	.858	\$ 172.39	\$ 30.85
OUTPATIENT VISITS	509	714	28,178.40	39.47	.070	55.36	2.75
OFFICE VISITS	371	514	16,541.95	32.18	.050	44.59	1.61
HOME VISITS	2	2	103.20	51.60	.000	51.60	.01
EMERGENCY ROOM	154	187	11,159.91	59.68	.018	72.47	1.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	11	373.34	33.94	.001	33.94	.04
INPATIENT VISITS	185	969	45,493.30	46.95	.095	245.91	4.44
HOSPITAL VISITS	173	880	37,021.05	42.07	.086	213.99	3.61
CRITICAL CARE	25	71	7,874.99	110.92	.007	315.00	.77
SNF/ICF/TRANS IP CARE	10	18	597.26	33.18	.002	59.73	.06
OPHTHALMOLOGICAL SERVICES	45	51	2,312.30	45.34	.005	51.38	.23
EXAMINATIONS	45	51	2,312.30	45.34	.005	51.38	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	87	496	36,653.34	73.90	.048	421.30	3.57
PRINCIPAL SURGEON	67	100	27,537.08	275.37	.010	411.00	2.69
ASSISTANT SURGEON	3	12	866.71	72.23	.001	288.90	.08
ANESTHESIOLOGIST	29	384	8,249.55	21.48	.037	284.47	.80

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OUTPATIENT SURGERY	100	180		24,866.90		138.15	.018		248.67		2.43
PRINCIPAL SURGEON	85	102		22,616.96		221.73	.010		266.08		2.21
ASSISTANT SURGEON	1	1		118.02		118.02	.000		118.02		.01
ANESTHESIOLOGIST	16	77		2,131.92		27.69	.008		133.25		.21
DIALYSIS	49	169		17,125.37		101.33	.016		349.50		1.67
PATHOLOGY	122	341		5,137.16		15.06	.033		42.11		.50
RADIOLOGY	323	769		41,693.78		54.22	.075		129.08		4.07
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	60	1,252		56,081.73		44.79	.122		934.70		5.47
OTHER SERVICES/ALL X-OVERS	1,090	3,858		58,801.80		15.24	.376		53.95		5.74
@PHARMACY	6,984	54 <b>,</b> 880	\$	3,257,231.95	\$	59.35	5.353	\$	466.38	\$	317.69
PRESCRIPTION DRUGS	6,888	31,401		3,205,979.17		102.10	3.063		465.44		312.69
SNF/ICF	120	702		51,577.04		73.47	.068		429.81		5.03
OUTPATIENTS	6 <b>,</b> 778	30,699		3,154,402.13		102.75	2.994		465.39		307.66
MEDICAL SUPPLIES	509	23,479		51,252.78		2.18	2.290		100.69		5.00
@DENTIST	609	2,465	\$	114,738.30	\$	46.55	.240	\$	188.40	\$	11.19
VISITS - DIAGNOSTIC	415	1,405		21,372.15		15.21	.137		51.50		2.08
ORAL SURGERY	101	397		21,520.83		54.21	.039		213.08		2.10
DRUGS	4	4		.00		.00	.000		.00		.00
ANESTHESIA	8	8		700.00		87.50	.001		87.50		.07
PERIODONTICS	18	20		3,565.00		178.25	.002		198.06		.35
ENDODONTICS	22	24		5,140.00		214.17	.002		233.64		.50
RESTORATIVE DENTISTRY	174	385		36,224.00		94.09	.038		208.18		3.53
PROSTHETICS	7	7		180.00		25.71	.001		25.71		.02
DENTURES, STAYPLATES	62	209		25,556.32		122.28	.020		412.20		2.49
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	3	5		480.00		96.00	.000		160.00		.05
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT	REPO	RT FOR JAN	2002 THRU	DEC	2002	P.	AGE 14,694
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN - N	0 S0	C - DISABLED 64	6G	6H 6U 6V 6X	8G				
							M	ONT	HLY AVERA	GE ·	
10,253 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	A	VERAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CAR	E		P	ER UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@OPTOMETRIST	188	549	\$	10,453.19	\$	19.04	.054	\$	55.60	\$	1.02

							M	UN'.	L'HLY AVERA	.GE	
10,253 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	Ē		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	188	549	\$	10,453.19	\$	19.04	.054	\$	55.60	\$	1.02
DIAGNOSTIC AND ANC. PROCED	60	62		2,766.64		44.62	.006		46.11		.27
EYE APPLIANCES	152	443		7,033.91		15.88	.043		46.28		.69
OTHER OPTOMETRIC SERVICES	30	4 4		652.64		14.83	.004		21.75		.06
@CHIROPRACTOR	25	62	\$	1,007.38	\$	16.25	.006	\$	40.30	\$	.10
VISITS	20	57		923.78		16.21	.006		46.19		.09
OTHER SERVICES	5	5		83.60		16.72	.000		16.72		.01
@PODIATRIST	65	109	\$	1,320.60	\$	12.12	.011	\$	20.32	\$	.13
MEDICINE/INJECTIONS	3	5		166.20		33.24	.000		55.40		.02
SURGERY/ANES.	1	1		19.73		19.73	.000		19.73		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	62	103		1,134.67		11.02	.010		18.30		.11
@HOME HEALTH AGENCY	111	15,441	\$	454,249.03	\$	29.42	1.506	\$	4092.33	\$	44.30
NURSE ANESTHESIST	2	6	\$	18.63	\$	3.11	.001	\$	9.32	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,654	9 <b>,</b> 570	\$	2,185,195.33	\$	228.34	.933	\$	1321.16	\$	213.13
HOSP INPATIENT TOTAL	185	1,548		1,981,140.48		1279.81	.151		10708.87		193.23
HSC HOSPITALS	18	113		185,586.00		1642.35	.011		10310.33		18.10

NON-HSC HOSFITAL TOTAL	00	112		1,121,100.19	2237.90	.075	19033.02	100.31	
ACCOMMODATIONS	88	772		631,295.94	817.74	.075	7173.82	61.57	
ADMINISTRATIVE DAYS	11	130		29,275.87	225.20	.013	2661.44	2.86	
TRANSITIONAL IP CARE	0	0		50.34	225.20 .00	.000	.00	.00	
ALL OTHER ACCOM	0 79 88	642		601,969.73	937.65		7619.87	58.71	
ANCILLARIES	88	0		1.096.409.85	. 00			106.94	
INPATIENT CROSSOVERS	82	663		67,848.69	102.34	.065	827.42		
ALL OTHER INPATIENT	0	0		.00	0.0				
HOSP OUTPATIENT TOTAL	1 <b>,</b> 537	8,022		204,054.85	.00 25.44	.782	132 76	.00 19.90	
MEDICAL	307	456		15,391.62	33.75	.044	50.14	1.50	
SURGERY	74	107		3,987.05	37.26	.010	53.88	.39	
PATHOLOGY	376	1,752		19,784.69	37.26 11.29	.171	52.62	1.93	
RADIOLOGY	225	440		40,166.97	01 20	.043	170 50	3.92	
	410	590		40,166.97	91.29 42.97	.043	178.52 61.83	3.92	
ROOM USE				25,350.63	21.25	.058	01.83	2.47	
CROSSOVERS/ALL OTH OUTPTNT		4,677				.456	93.40	9.69	
@COUNTY HOSPITAL TOTAL	11	34	\$	13,819./5	\$ 406.46	.003	\$ 1256.34		
CO HOSPITAL INPATIENT TOTAL	2	8		13,415.50	1676.94	.001	6707.75		
HSC HOSPITALS	2	4		4,11/.00	1029.25	.000	2058.50	.40	
NON-HSC HOSPITALS TOTAL	1	4		9,298.50	2324.63		9298.50		
ACCOMMODATIONS	1	4		5,400.00	1350.00	.000	5400.00	.53	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	4		5,400.00	1350.00	.000	5400.00	.53	
ANCILLARIES	1	0		3,898.50	.00	.000	3898.50	.38	
INPATIENT CROSSOVERS	2 1 1 0 0 1 1	0 0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0 10	26		404.25	15.55	.003	.00 40.43		
MEDICAL	2	2		73.76	36.88	.000	36.88		
SURGERY	0	0		.00	.00	.000	.00		
PATHOLOGY	1	2		24.28	12.14	.000	24.28		
RADIOLOGY	1	1		15.08	15 08		15.08	.00	
ROOM USE	3	3		125.20	15.08 41.73	.000	41.73	.01	
CROSSOVERS/ALL OTH OUTPTNT	Ω	18		165.93	9.22	.002	20.74	.02	
#CALIF DEPT OF HEALTH SERV M			EC MO						
	EDI-CAL SERVIC EE-FOR-SERVICE		LO MO	NIH-OF-FAIMENI KI	EFORT FOR JAN 2	.002 IRKO D	EC 2002	01/17/03	
		ICES FOR MN - NO	200	DICABLED 64	CC CII CII CII CV	0.0		01/11/03	,
SONOMA COUNTY S	OMMARY OF SERV	ICES FOR MN - NO	SUC	- DISABLED 64 (			ACCIONAL VALIDATION	C.F.	
10 050 BLIGTBIRG	Hanna	INITES OF SERVICE						GE	
10,253 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER	
0.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.0000	1 645	OR DAYS OF CARE		0 181 085 50	PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,647	9,536	Ş	2,1/1,3/5.58	\$ 227.70	.930		\$ 211.78	
COMM HOSP INPATIENT TOTAL	183	1,540		1,967,724.98	1277.74 1664.85 2237.51	.150	10752.60	191.92	
HSC HOSPITALS	16	109		181,469.00	1664.85	.011	11341.81		
NON-HSC HOSPITALS TOTAL	87	768		1,718,407.29	2237.51	.075	19751.81	167.60	
ACCOMMODATIONS	87	768		625,895.94	814.97 225.20	.075	7194.21	61.05	
ADMINISTRATIVE DAYS	11	130			225.20		2661.44	2.86	
TRANSITIONAL IP CARE	0	0		50.34	.00		.00	.00	
ALL OTHER ACCOM	78	638		596 <b>,</b> 569.73	935.06	.062	7648.33	58.18	
ANCILLARIES	87	0		1,092,511.35	.00	.000	12557.60	106.56	
INPATIENT CROSSOVERS	82	663		67,848.69	102.34	.065	827.42	6.62	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,531	7,996		203,650.60	25.47	.780	133.02	19.86	
MEDICAL	306	454		15,317.86	33.74	.044	50.06	1.49	
SURGERY	74	107		3,987.05	37.26	.010	53.88	.39	
PATHOLOGY	375	1,750		19,760.41	11.29	.171	52.69	1.93	
RADIOLOGY	224	439		40,151.89	91.46	.043	179.25	3.92	
ROOM USE	409	587		25,225.43	42.97	.057	61.68	2.46	
NOOFI OOL	400	507		20,220.40	12.01	.007	01.00	2.10	

772

NON-HSC HOSPITAL TOTAL

88

1,727,705.79 2237.96 .075 19633.02 168.51

CROSSOVERS/ALL OTH OUTPTNT		4,659		99,207.96		21.29	.454		93.77		9.68
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
@STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED @NURSING FACILITY	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000				.00
@NURSING FACILITY	94	2,693	\$	346,331.14					3684.37	\$	
LEV A-INTERMEDIATE	5	214		20,816.78		97.27	.021		4163.36		2.03
LEV B-REHAB MD	13	483		58,409.19			.047		4493.01		5.70
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 76 22 22	1,996		267,105.17		133.82			3514.54		26.05
@INTERMEDIATE CARE FACILDD	22	654	\$	90,858.18	\$	138.93	.064	\$	4129.92	\$	8.86
ICF DDH	22	654		90,858.18		138.93	.064		4129.92		8.86
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	22 0 0 180 0	4,160	\$	203,260.88	\$	48.86	.406	\$	1129.23	\$	19.82
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0 180	4,160		203,260.88		48.86	.406		1129.23		19.82
GREHARTITTATION FACTITTY	38	682	\$	9,625.52	\$	14.11	.067			\$	.94
HOSPITAL BASED	1	2		58.12		29.06	.000		58.12		.01
INDEPENDENT FACILITY	37	680		9,567.40		14.07	.066		258.58		.93
@LABORATORY FACILITY	297	1,489	\$	20,909.64	\$	14.04	.145	\$	70.40	\$	2.04
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	296	1,487		20,901.36		14.06	.145				2.04
XO AND OTHERS	1	2		8.28		4.14	.000				.00
@ORGANIZED OUTPATIENT CLINIC	1,158	2,416	\$	170,650.01	\$	70.63	.236	\$			16.64
CLINIC		103	•	2,843.95	·	27.61	.010		67.71		.28
SURGICENTER	16	25		2,691.23					168.20		.26
HEROIN DETOX CLINIC	3	38		444.80		11.71	.004		148.27		.04
RURAL HEALTH CLINIC	1,113	2,250		164,670.03		73.19	.219		147.95		16.06
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R	EPOR'			DEC	2002	P.	AGE 14,696
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	soc	C - DISABLED 64	6G 6I	H 6U 6V 6X	8G				
							M	ONT	HLY AVERA	GE	
10,253 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
•		OR DAYS OF CAR	€		PEI	R UNIT/DAY	PER ELIG	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,153	50,326	\$	397,623.44	\$	7.90	4.908	\$	344.86	\$	38.78
	113	430	•	89,575.21			.042			•	8.74
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	8	15		447.16		29.81	.001		55.90		.04

					110		.00
10,253 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,153	50 <b>,</b> 326 \$	\$ 397,623.44	\$ 7.90	4.908	\$ 344.86	\$ 38.78
DURABLE MED. EQUIP.	113	430	89,575.21	208.31	.042	792.70	8.74
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	15	447.16	29.81	.001	55.90	.04
MEDICAL TRANSPORTATION	254	13,818	70,942.84	5.13	1.348	279.30	6.92
AMBULANCES/AIR TRANS	79	1,148	19,461.96	16.95	.112	246.35	1.90
OTHER TRANS	67	11,684	42,782.00	3.66	1.140	638.54	4.17
OTHER SERVICES	110	986	8,698.88	8.82	.096	79.08	.85
ACUPUNCTURE	19	65	1,100.25	16.93	.006	57.91	.11
ADULT DAY HEALTH CARE CTR	20	341	22,767.12	66.77	.033	1138.36	2.22
GENETIC DISEASE TESTING	5	5	362.00	72.40	.000	72.40	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	40	1,503	58,416.13	38.87	.147	1460.40	5.70
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	221	532	6,577.22	12.36	.052	29.76	.64
PHYSICAL THERAPIST	13	172	2,838.38	16.50	.017	218.34	.28
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	60	6,595.50	109.93	.006	387.97	.64
PROSTHETICS	15	58	6,529.60	112.58	.006	435.31	.64
ORTHOTICS	2	2	65.90	32.95	.000	32.95	.01
PSYCHOLOGIST	15	73	940.18	12.88	.007	62.68	.09
SPEECH AND AUDIOLOGY	52	193	12,036.85	62.37	.019	231.48	1.17

HOSPICE SERVICES	19	512		70,911.99	138.50	.050	3732.21	6.92
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	92	5 <b>,</b> 180		27,498.72	5.31	.505	298.90	2.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	373	27,427		26,613.89	.97	2.675	71.35	2.60
@CALIF. CHILDREN SERVICES*	93	5 <b>,</b> 393	\$	311,929.74	\$ 57.84	.526	\$ 3354.08	\$ 30.42
@XOVER EXCLUDING STATE HOSP**	1,852	19,494	\$	348,868.80	\$ 17.90	1.901	\$ 188.37	\$ 34.03
A* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARAT	F. INFORMATION	TTEM ONLY	•				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,697 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

			NTHLY AVERA	GE				
161,022 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	60 <b>,</b> 548	305,535	\$	20,340,789.18	\$ 66.57	1.897	\$ 335.94	\$ 126.32
@PHYSICIANS SERVICES	17 <b>,</b> 715	44,359	\$	2,332,518.17	\$ 52.58	.275	\$ 131.67	\$ 14.49
OUTPATIENT VISITS	11,625	15 <b>,</b> 992		556,010.23	34.77	.099	47.83	3.45
OFFICE VISITS	6 <b>,</b> 933	9,083		265,765.45	29.26	.056	38.33	1.65
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4,569	5,449		228,204.16	41.88	.034	49.95	1.42
PREVENTIVE CARE	181	185		7,166.51	38.74	.001	39.59	.04
OB VISITS/COMPRE PERI	431	1,159		49,886.76	43.04	.007	115.75	.31
OTHER OUTPATIENT	86	116		4,987.35	42.99	.001	57.99	.03
INPATIENT VISITS	1,166	3,926		283,882.87	72.31	.024	243.47	1.76
HOSPITAL VISITS	1,097	2,914		133,910.73	45.95	.018	122.07	.83
CRITICAL CARE	161	1,008		149,865.64	148.68	.006	930.84	.93
SNF/ICF/TRANS IP CARE	2	4		106.50	26.63	.000	53.25	.00
OPHTHALMOLOGICAL SERVICES	212	242		11,155.19	46.10	.002	52.62	.07

EXAMINATIONS	201	231		11,009.00		47.66	.00	1	54.77		.07
SERVICES AND MATERIALS	11	11		146.19		13.29	.00	0	13.29		.00
INPATIENT HOSPITAL SURGERY	1,202	5,513		569,036.12		103.22	.03	4	473.41		3.53
PRINCIPAL SURGEON	795	910		457,205.02		502.42	.00	6	575.10		2.84
ASSISTANT SURGEON	98	101		17,294.76		171.24	.00	1	176.48		.11
ANESTHESIOLOGIST	472	4,502		94,536.34		21.00	. 02	8	200.29		.59
OUTPATIENT SURGERY	1,405	3,497		222,504.21		63.63	. 02	2	158.37		1.38
PRINCIPAL SURGEON	1,131	1,400		173,283.56		123.77	.00	9	153.21		1.08
ASSISTANT SURGEON	13	13		1,190.24		91.56	.00	0	91.56		.01
ANESTHESIOLOGIST	332	2,084		48,030.41		23.05	.01	3	144.67		.30
DIALYSIS	42	78		12,131.32		155.53	.00	0	288.84		.08
PATHOLOGY	1,847	3,190		52,130.30		16.34	. 02	0	28.22		.32
RADIOLOGY	4,248	6 <b>,</b> 265		230,981.47		36.87	.03	9	54.37		1.43
PSYCHIATRY	, 1	. 1		73.29		73.29	.00	0	73.29		.00
IMMUNIZATION AND INJECTION	293	1,782		125,737.65		70.56	.01	1	429.14		.78
OTHER SERVICES/ALL X-OVERS	1,634	3,873		268,875.52		69.42	. 02	4	164.55		1.67
@PHARMACY	26,245	69 <b>,</b> 620	\$	2,895,509.32	\$	41.59	. 43	2 \$	110.33	\$	17.98
PRESCRIPTION DRUGS	25 <b>,</b> 975	56,531		2,804,303.09		49.61	.35	1	107.96		17.42
SNF/ICF	34	77		38,665.96		502.16	.00	0	1137.23		.24
OUTPATIENTS	25 <b>,</b> 952	56,454		2,765,637.13		48.99	.35	1	106.57		17.18
MEDICAL SUPPLIES	868	13,089		91,206.23		6.97	.08	1	105.08		.57
@DENTIST	6,653	29,618	\$	1,044,741.59	\$	35.27	.18	4 \$	157.03	\$	6.49
VISITS - DIAGNOSTIC	4,707	18,181		286,116.12		15.74	.11	.3	60.79		1.78
ORAL SURGERY	934	2,006		121,014.56		60.33	.01	2	129.57		.75
DRUGS	48	59		1,047.68		17.76	.00	0	21.83		.01
ANESTHESIA	76	79		6,675.00		84.49	.00	0	87.83		.04
PERIODONTICS	162	165		27,085.00		164.15	.00	1	167.19		.17
ENDODONTICS	521	941		109,635.50		116.51	.00	6	210.43		.68
RESTORATIVE DENTISTRY	2,584	7 <b>,</b> 329		436,650.25		59.58	.04	6	168.98		2.71
PROSTHETICS	24	24		720.00		30.00	.00	0	30.00		.00
DENTURES, STAYPLATES	110	416		35,929.66		86.37	.00	3	326.63		.22
SPACE MAINTAINERS	58	69		7,441.86		107.85	.00	0	128.31		.05
MAXILLOFACIAL SERVICES	16	20		1,032.48		51.62	.00	0	64.53		.01
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.00	0	140.00		.00
ORTHODONTIC SERVICES	136	292		11,178.48		38.28	.00	2	82.19		.07
ALL OTHER SERVICES	28	36		75.00		2.08	.00	0	2.68		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	RES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THE	U DE	C 2002	PF	AGE 14,698
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
SONOMA COUNTY											

----- MONTHLY AVERAGE -----161,022 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1,284 3,682 89,111.00 24.20 .023 \$ 69.40 \$ .55 DIAGNOSTIC AND ANC. PROCED 830 843 38,862.06 46.10 .005 46.82 .24 EYE APPLIANCES 893 2,664 39,320.77 14.76 .017 44.03 .24 162 175 10,928.17 62.45 67.46 .07 OTHER OPTOMETRIC SERVICES .001 @CHIROPRACTOR 225 416 6,899.09 \$ 16.58 .003 \$ 30.66 \$ .04 225 16.58 30.66 VISITS 416 6,899.09 .003 .04 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 46 82 2,544.35 31.03 .001 \$ .02 @PODIATRIST 55.31 MEDICINE/INJECTIONS 35 43 1,347.80 31.34 .000 38.51 .01 12 17 57.18 SURGERY/ANES. 686.17 40.36 .000 .00 9 13 .00 RADIO./PATHOLOGY 238.74 18.36 .000 26.53 8 OTHER 9 271.64 30.18 .000 33.96 .00 747 \$ @HOME HEALTH AGENCY 244 \$ 48,067.75 64.35 .005 \$ 197.00 \$ .30 NURSE ANESTHESIST 1 51.90 \$ 17.30 .000 \$ 51.90 \$ .00

NURSE MIDWIFE	630	5 <b>,</b> 911	\$	150,924.16	\$	25.53	.037		239.56	\$	.94
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	3	3	\$	140.58	\$		.000		46.86		.00
@TOTAL HOSPITAL	17,274	69,918	\$	10,607,130.49	\$	151.71	.434		614.05	\$	65.87
HOSP INPATIENT TOTAL	1,292	5,401		8,719,427.31		1614.41	.034		6748.78		54.15
HSC HOSPITALS	85	524		819,455.12		1563.85	.003		9640.65		5.09
NON-HSC HOSPITAL TOTAL	1,209	4,870		7,897,536.19		1621.67	.030		6532.29		49.05
ACCOMMODATIONS	1,205	4,870		3,250,423.18		667.44	.030		2697.45		20.19
ADMINISTRATIVE DAYS	23	196		44,379.24		226.42	.001		1929.53		.28
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,194	4,674		3,206,043.94		685.93	.029		2685.13		19.91
ANCILLARIES	1,208	0		4,647,113.01		.00	.000		3846.95		28.86
INPATIENT CROSSOVERS	3	7		2,436.00		348.00	.000		812.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	16,540	64,517		1,887,703.18		29.26	.401		114.13		11.72
MEDICAL	5 <b>,</b> 596	7,502		260,221.74		34.69	.047		46.50		1.62
SURGERY	1,403	1,700		71,204.25		41.88	.011		50.75		. 44
PATHOLOGY	5 <b>,</b> 609	18,170		223,994.89		12.33	.113		39.93		1.39
RADIOLOGY	3 <b>,</b> 726	4,751		338,409.88		71.23	.030		90.82		2.10
ROOM USE	12,130	16,907		643,494.12		38.06	.105		53.05		4.00
CROSSOVERS/ALL OTH OUTPINT	5 <b>,</b> 569	15,487		350,378.30		22.62	.096		62.92		2.18
@COUNTY HOSPITAL TOTAL	38	168	\$	10,990.30	\$		.001		289.22	\$	.07
CO HOSPITAL INPATIENT TOTAL	2	5		5,929.00		1185.80	.000		2964.50		.04
HSC HOSPITALS	2	5		5,929.00		1185.80	.000		2964.50		.04
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	36	163		5,061.30		31.05	.001		140.59		.03
MEDICAL	8	9		270.98		30.11	.000		33.87		.00
SURGERY	15	23		656.05		28.52	.000		43.74		.00
PATHOLOGY	16	47		888.17		18.90	.000		55.51		.01
RADIOLOGY	5	13		1,044.28		80.33	.000		208.86		.01
ROOM USE	18	27		1,172.06		43.41	.000		65.11		.01
CROSSOVERS/ALL OTH OUTPTNT	24	44		1,029.76		23.40	.000		42.91		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES MO	ONTH-OF-PAYMENT R	EPOF	RT FOR JAN	2002 THRU	DEC	2002	P.	AGE 14,699
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES E	FOR MN-NOS	SOC-FAN	4 34 39 3N 3T 3V	54 5	69 5J 5W-5	Y 6J			~=	

----- MONTHLY AVERAGE -----161,022 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 17,244 69,750 \$ 151.92 .433 \$ 614.48 \$ 65.81 @COMMUNITY HOSPITAL TOTAL 10,596,140.19 1,290 5,396 1614.81 .034 6754.65 COMM HOSP INPATIENT TOTAL 8,713,498.31 54.11 9801.52 HSC HOSPITALS 83 519 813,526.12 1567.49 .003 5.05 NON-HSC HOSPITALS TOTAL 1,209 4,870 7,897,536.19 1621.67 .030 6532.29 49.05 1,205 4,870 667.44 20.19 ACCOMMODATIONS 3,250,423.18 .030 2697.45 ADMINISTRATIVE DAYS 196 44,379.24 226.42 .001 1929.53 .28 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 1,194 4,674 3,206,043.94 685.93 .029 19.91 ALL OTHER ACCOM 2685.13 28.86 ANCILLARIES 1,208 0 4,647,113.01 .00 .000 3846.95 INPATIENT CROSSOVERS 3 2,436.00 348.00 .000 812.00 .02 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	16,512	64,354		1,882,641.88		29.25	.400		114.02		11.69
MEDICAL	5 <b>,</b> 588	7,493		259,950.76		34.69	.047		46.52		1.61
SURGERY	1,388	1,677		70,548.20		42.07	.010		50.83		. 44
PATHOLOGY	5,594	18,123		223,106.72		12.31	.113		39.88		1.39
RADIOLOGY	3,722	4,738		337,365.60		71.20	.029		90.64		2.10
ROOM USE	12,115	16,880		642,322.06		38.05	.105		53.02		3.99
CROSSOVERS/ALL OTH OUTPTNT		15,443		349,348.54		22.62	.096		62.99		2.17
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	٧	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	46	\$		Ċ	148.04		Ċ	1361.94	Ċ	.04
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
	ŭ	0									.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED				.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	46		6,809.71		148.04	.000		1361.94		.04
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	64	3 <b>,</b> 168	\$	128,919.40	\$	40.69	.020	\$	2014.37	\$	.80
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	64	3,168		128,919.40		40.69	.020		2014.37		.80
@REHABILITATION FACILITY	53	964	\$	12,989.09	\$	13.47	.006	\$	245.08	\$	.08
HOSPITAL BASED	4	10		275.74		27.57	.000		68.94		.00
INDEPENDENT FACILITY	49	954		12,713.35		13.33	.006		259.46		.08
@LABORATORY FACILITY	49 4,872 4,870	954 14,464	\$	220,067.84	\$		.090	Ś		Ś	1.37
PATHOLOGY	4,870	14,462		219,866.56		15.20	.090		45.15		1.37
XO AND OTHERS	2	2		201 20		100 61	000		100.64		.00
@ORGANIZED OUTPATIENT CLINIC	13,937	28,289	\$	2,314,083.87	Ś	81 80	176	Ś	166.04	Ś	14.37
CLINIC	2,005	8,224	Υ	203,064.80	Υ	24 69	.051	٧	101.28	۲	1.26
SURGICENTER	48	243		9,209.95		24.69 37.90	.002		191.87		.06
	9	125		1,512.44		12.10	.002		168.05		.01
HEROIN DETOX CLINIC				2,100,296.68		106.63	.122		175.80		13.04
RURAL HEALTH CLINIC	11,947	19,697	IDEC M					חחמ		_	
#CALIF DEPT OF HEALTH SERV			IRES M	IONTH-OF-PAYMENT R	EPOR.	r FOR JAN	2002 THRU	DEC	2002	Ρ	AGE 14,700
MOP024	FEE-FOR-SERVICE				- 4 -	o	c =				01/17/03
SONOMA COUNTY	SUMMARY OF SERV	TICES FOR MN-NOS	SOC-FA	M 34 39 3N 3T 3V	54 5	9 5J 5W-5Y					
4.64 0.00			_				M				
161,022 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		-			COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	5,109	34,245	\$	480,280.87	\$	14.02	.213	\$		\$	2.98
DURABLE MED. EQUIP.	232	1 <b>,</b> 355		39,337.78		29.03 3.14			169.56		.24
BLOOD BANK	1	528		1,660.00			.003		1660.00		.01
HEARING AID DISPENSERS	7	10		324.18		32.42	.000		46.31		.00
MEDICAL TRANSPORTATION	536	8,996		137,606.98		15.30	.056		256.73		.85
AMBULANCES/AIR TRANS	518	6 <b>,</b> 271		99,014.20		15.79	.039		191.15		.61
OTHER TRANS	15	2,683		7,738.90		2.88	.017		515.93		.05
OTHER SERVICES	20	42		30,853.88		734.62	.000		1542.69		.19
ACUPUNCTURE	49	113		1,930.15		17.08	.001		39.39		.01
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	547	553		41,723.00		75.45	.003		76.28		.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1,154	2 <b>,</b> 599		26,080.90		10.03	.016		22.60		.16
PHYSICAL THERAPIST	87	628		13,290.88		21.16	.004		152.77		.08
INIOICHE INEKALIOI	0 /	020		13,230.00		2 + • + 0	.004		102.11		• 00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	111	233	30,870.87	132.49	.001	278.12	.19
PROSTHETICS	60	172	25,505.80	148.29	.001	425.10	.16
ORTHOTICS	60	61	5,365.07	87.95	.000	89.42	.03
PSYCHOLOGIST	10	20	1,063.98	53.20	.000	106.40	.01
SPEECH AND AUDIOLOGY	106	264	13,530.77	51.25	.002	127.65	.08
HOSPICE SERVICES	6	103	14,934.36	144.99	.001	2489.06	.09
NONINST BIRTHING CENTERS	18	18	17,772.91	987.38	.000	987.38	.11
LOCAL EDUCATION AGENCIES	2,289	13,512	136,431.70	10.10	.084	59.60	.85
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	41	5,313	3,722.41	.70	.033	90.79	.02
@CALIF. CHILDREN SERVICES*	678	6 <b>,</b> 797	\$ 1,467,295.01	\$ 215.87	.042	\$ 2164.15	\$ 9.11
@XOVER EXCLUDING STATE HOSP**	214	2,178	\$ 35,166.14	\$ 16.15	.014	\$ 164.33	\$ .22

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,701 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

----- MONTHLY AVERAGE -----

SONOMA COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

184,219 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	77 <b>,</b> 814		\$ 32,459,602.63	\$ 54.13	3.255 \$		176.20
@PHYSICIANS SERVICES	21,167	62 <b>,</b> 307	\$ 2,852,500.45	\$ 45.78	.338 \$	134.76	\$ 15.48
OUTPATIENT VISITS	12,443	17 <b>,</b> 155	605,683.74	35.31	.093	48.68	3.29
OFFICE VISITS	7,526	9,913	294,958.08	29.75	.054	39.19	1.60
HOME VISITS	2	2	103.20	51.60	.000	51.60	.00
EMERGENCY ROOM	4,828	5,766	248,133.78	43.03	.031	51.39	1.35
PREVENTIVE CARE	181	185	7,166.51	38.74	.001	39.59	.04
OB VISITS/COMPRE PERI	431	1,159	49,886.76	43.04	.006	115.75	.27
OTHER OUTPATIENT	100	130	5,435.41	41.81	.001	54.35	.03
INPATIENT VISITS	1,435	5,240	345,945.11	66.02	.028	241.08	1.88
HOSPITAL VISITS	1,343	4,084	183,110.68	44.84	.022	136.34	.99
CRITICAL CARE	195	1,115	161,398.13	144.75	.006	827.68	.88
SNF/ICF/TRANS IP CARE	27	41	1,436.30	35.03	.000	53.20	.01
OPHTHALMOLOGICAL SERVICES	300	347	15,932.65	45.92	.002	53.11	.09
EXAMINATIONS	289	336	15,786.46	46.98	.002	54.62	.09
SERVICES AND MATERIALS	11	11	146.19	13.29	.000	13.29	.00
INPATIENT HOSPITAL SURGERY	1,335	6,263	624,122.80	99.65	.034	467.51	3.39
PRINCIPAL SURGEON	893	1,056	497,992.46	471.58	.006	557.66	2.70
ASSISTANT SURGEON	107	119	19,244.31	161.72	.001	179.85	.10
ANESTHESIOLOGIST	520	5,088	106,886.03	21.01	.028	205.55	.58
OUTPATIENT SURGERY	1,594	3,971	285,948.15	72.01	.022	179.39	1.55
PRINCIPAL SURGEON	1,289	1,589	230,125.84	144.82	.009	178.53	1.25
ASSISTANT SURGEON	18	18	1,678.71	93.26	.000	93.26	.01
ANESTHESIOLOGIST	379	2,364	54,143.60	22.90	.013	142.86	.29
DIALYSIS	99	260	31,278.86	120.30	.001	315.95	.17
PATHOLOGY	2,028	3,644	59,475.31	16.32	.020	29.33	.32
RADIOLOGY	4,831	7,663	301,763.93	39.38	.042	62.46	1.64
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	365	3,108	190,986.06	61.45	.017	523.25	1.04
OTHER SERVICES/ALL X-OVERS	3,828	14,655	391,290.55	26.70	.080	102.22	2.12
@PHARMACY	40,432	185,596	\$ 7,742,523.12	\$ 41.72	1.007 \$	191.49	\$ 42.03
PRESCRIPTION DRUGS	39,950	114,943	7,544,741.74	65.64	.624	188.85	40.96

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	415	2,244		159,723.46		71.18	.012		384.88		.87
OUTPATIENTS	39 <b>,</b> 576	112,699		7,385,018.28		65.53	.612		186.60		40.09
MEDICAL SUPPLIES	1,962	70,653		197,781.38		2.80	.384		100.81		1.07
@DENTIST	7,703	33,751	\$	1,251,300.97	\$	37.07	.183	\$	162.44	\$	6.79
VISITS - DIAGNOSTIC	5,401	20,558		321,342.34		15.63	.112		59.50		1.74
ORAL SURGERY	1,106	2,641		155,831.22		59.00	.014		140.90		.85
DRUGS	52	63		1,047.68		16.63	.000		20.15		.01
ANESTHESIA	86	89		7,575.00		85.11	.000		88.08		.04
PERIODONTICS	202	209		33,515.00		160.36	.001		165.92		.18
ENDODONTICS	554	976		117,061.50		119.94	.005		211.30		.64
RESTORATIVE DENTISTRY	2,855	7,921		496,340.25		62.66	.043		173.85		2.69
PROSTHETICS	34	34		990.00		29.12	.000		29.12		.01
DENTURES, STAYPLATES	259	836		97,250.16		116.33	.005		375.48		.53
SPACE MAINTAINERS	58	69		7,441.86		107.85	.000		128.31		.04
MAXILLOFACIAL SERVICES	19	25		1,512.48		60.50	.000		79.60		.01
FRACTURES, DISLOCATIONS	1	1		140.00		140.00	.000		140.00		.00
ORTHODONTIC SERVICES	136	292		11,178.48		38.28	.002		82.19		.06
ALL OTHER SERVICES	29	37		75.00		2.03	.000		2.59		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2002 THRU	DEC	2002	E	PAGE 14,702
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR 28 MEDI	CAL	LY NEEDY - NO SOC							
							M	ONT	HLY AVERA	.GE	
184,219 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,626	4,693	\$	108,744.74	\$	23.17	.025	\$	66.88	\$	.59
DIAGNOSTIC AND ANC. PROCED	926	942		43,282.13		45.95	.005		46.74		.23
EYE APPLIANCES	1,170	3 <b>,</b> 471		52 <b>,</b> 328.72		15.08	.019		44.73		.28
OTHER OPTOMETRIC SERVICES	224	280		13,133.89		46.91	.002		58.63		.07
@CHIROPRACTOR	250	478	\$	7,906.47	\$	16.54	.003	\$	31.63	\$	.04
VISITS	245	473		7,822.87		16.54	.003		31.93		.04
OTHER SERVICES	5	5		83.60		16.72	.000		16.72		.00
@PODIATRIST	232	380	\$	6,026.40	\$	15.86	.002	\$	25.98	\$	.03

MEDICINE/INJECTIONS	46	56	1,791.70	31.99	.000	38.95	.01
SURGERY/ANES.	19	35	1,091.69	31.19	.000	57.46	.01
RADIO./PATHOLOGY	9	13	238.74	18.36	.000	26.53	.00
OTHER	180	276	2,904.27	10.52	.001	16.13	.02
@HOME HEALTH AGENCY	370	16,285 \$	508,962.14	\$ 31.25		1375.57	
NURSE ANESTHESIST	3	9 \$	70.53	\$ 7.84	.000 \$		
NURSE MIDWIFE	630	5,911 \$	150,924.16	\$ 25.53	.032 \$		\$ .82
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$		•
FAMILY NURSE PRACTITIONER	3	3 \$	140.58	\$ 46.86	.000 \$		
@TOTAL HOSPITAL	20,236		14,024,285.46	\$ 162.88	.467 \$		
HOSP INPATIENT TOTAL	1,664	8,301		1421.34	.045	7090.49	64.05
	1,004	669	11,798,574.17			9764.82	5.67
HSC HOSPITALS			1,044,836.12	1561.79	.004		
NON-HSC HOSPITAL TOTAL	1,361	6,025	10,586,493.27	1757.09	.033	7778.47	
ACCOMMODATIONS	1,357	6,025	4,119,153.25	683.68	.033	3035.49	22.36
ADMINISTRATIVE DAYS	38	363	82,184.34	226.40	.002	2162.75	.45
TRANSITIONAL IP CARE	0	0	50.34	.00	.000	.00	.00
ALL OTHER ACCOM	1,335	5,662	4,036,918.57	712.98	.031	3023.91	21.91
ANCILLARIES	1,360	0	6,467,340.02	.00	.000	4755.40	35.11
INPATIENT CROSSOVERS	204	1,607	167,244.78	104.07	.009	819.83	.91
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,254	77 <b>,</b> 799	2,225,711.29	28.61	.422	115.60	12.08
MEDICAL	6,131	8,316	287,860.58	34.62	.045	46.95	1.56
SURGERY	1,513	1,850	79,042.03	42.73	.010	52.24	.43
PATHOLOGY	6,263	20,973	256,487.33	12.23	.114	40.95	1.39
RADIOLOGY	4,139	5 <b>,</b> 469	399,058.96	72.97	.030	96.41	2.17
ROOM USE	12,796	17 <b>,</b> 874	684,664.32	38.31	.097	53.51	3.72
CROSSOVERS/ALL OTH OUTPINT	7,449	23,317	518,598.07	22.24	.127	69.62	2.82
@COUNTY HOSPITAL TOTAL	49	202 \$	24,810.05	\$ 122.82	.001 \$	506.33	\$ .13
CO HOSPITAL INPATIENT TOTAL	4	13	19,344.50	1488.04	.000	4836.13	.11
HSC HOSPITALS	4	9	10,046.00	1116.22	.000	2511.50	.05
NON-HSC HOSPITALS TOTAL	1	4	9,298.50	2324.63	.000	9298.50	.05
ACCOMMODATIONS	1	4	5,400.00	1350.00	.000	5400.00	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	5,400.00	1350.00	.000	5400.00	.03
ANCILLARIES	1	0	3,898.50	.00	.000	3898.50	.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	46	189	5,465.55	28.92	.001	118.82	.03
MEDICAL	10	11	344.74	31.34	.000	34.47	.00
SURGERY	15	23	656.05	28.52	.000	43.74	.00
PATHOLOGY	17	49	912.45	18.62	.000	53.67	.00
RADIOLOGY	6	14	1,059.36	75.67	.000	176.56	.01
ROOM USE	21	30	1,297.26	43.24	.000	61.77	.01
CROSSOVERS/ALL OTH OUTPTNT		62	1,195.69	19.29	.000	37.37	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 14,703
MOP024	FEE-FOR-SERVICE		HONIII OF TATHENT N	CETORI FOR OAN	2002 IIIKO DE	C 2002	01/17/03
SONOMA COUNTY		ICES FOR 28 MEDICAI	IV NEEDV - NO SOC				01/1//03
SONOMA COUNTI	SOMMANI OF SERV	TICES FOR 20 MEDICAL	del Needi No Soc		MON	עם אווה אווה א	AGE
184,219 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
TO4, ZIA EHIGIDHES	021170	OR DAYS OF CARE	EVEFUDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20,199	85,898 \$	13,999,475.41	\$ 162.98	.466 \$		
COMM HOSP INPATIENT TOTAL	1,660	8,288	11,779,229.67	1421.24	.045	7095.92	63.94
HSC HOSPITALS	103	8,288 660	1,034,790.12	1567.86	.045	10046.51	5.62
			10,577,194.77	1756.72	.033	7777.35	57.42
NON-HSC HOSPITALS TOTAL	1,360	6,021	10,3//,194.//	1130.12	.033	7777.33	37.42

1,356

ACCOMMODATIONS

6,021

4,113,753.25

683.23

.033

3033.74

22.33

ADMINISTRATIVE DAYS	38	363		82,184.34		226.40	.002		2162.75		.45
TRANSITIONAL IP CARE	0	0		50.34		.00	.000		.00		.00
ALL OTHER ACCOM	1,334	5,658		4,031,518.57		712.53	.031		3022.13		21.88
ANCILLARIES	1,359	0		6,463,441.52		.00	.000		4756.03		35.09
INPATIENT CROSSOVERS	204	1,607		167,244.78		104.07	.009		819.83		.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19,220	77,610		2,220,245.74		28.61	.421		115.52		12.05
MEDICAL	6,122	8,305		287,515.84		34.62	.045		46.96		1.56
SURGERY	1,498	1,827		78,385.98		42.90	.010		52.33		.43
PATHOLOGY	6,247	20,924		255,574.88		12.21	.114		40.91		1.39
RADIOLOGY	4,134	5,455		397,999.60		72.96	.030		96.27		2.16
ROOM USE	12,780	17,844		683,367.06		38.30	.097		53.47		3.71
CROSSOVERS/ALL OTH OUTPINT		23,255		517,402.38		22.25	.126		69.73		2.81
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	396	9,194	\$	1,194,247.56	Ś			Ś	3015.78	Ś	6.48
LEV A-INTERMEDIATE	5	214		20,816.78		97.27	.001		4163.36		.11
LEV B-REHAB MD	13	483		58,409.19		120.93	.003		4493.01		.32
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ö	0		.00		.00	.000		.00		.00
LEV B-REGULAR	378	8,497		1,115,021.59		131.23	.046		2949.79		6.05
@INTERMEDIATE CARE FACILDD	22	654	\$			138.93		Ś	4129.92	Ś	.49
ICF DDH	22	654	Y	90,858.18	۲	138.93	.004	٧	4129.92	Y	.49
ICF DDN	0	0.0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	298	7,564	\$	371,169.26	Ċ			Ċ	1245.53	Ċ	2.01
HOSPITAL BASED	2 9 0	7,304	Ą	.00	۲	.00	.000	۲	.00	ې	.00
HEMODIALYSIS CENTER	298	7,564		371,169.26		49.07	.041		1245.53		2.01
ADELIA DILITA MICALITANI	∠98 02	1,647	\$	22,643.67	ċ		.009	ċ	246.13	ċ	.12
HOCDIMAL DACED	92	1,647	Ą	362.92	ş	27.92	.009	Ą	60.49	Ş	.00
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	86	1,634		22,280.75		13.64	.009		259.08		.12
		16,900	\$		\$		.009	<u> </u>	46.61	ċ	
@LABORATORY FACILITY	5,378 5,374		Ą		Ş			Þ		Ş	1.36
PATHOLOGY	5,374	16,895		250,450.85		14.82	.092		46.60		1.36
XO AND OTHERS	16.051	5	Ċ	221.34	Ċ	44.27	.000	Ċ	55.34	ċ	.00
@ORGANIZED OUTPATIENT CLINIC	16,051	32,281	\$		\$		.175	Þ		Ş	14.11
CLINIC	2,050 134	8,339 399		206,138.99		24.72 69.13	.045		100.56 205.85		1.12 .15
SURGICENTER				27,583.65			.002				
HEROIN DETOX CLINIC	12	163		1,957.24		12.01	.001		163.10 169.33		.01
RURAL HEALTH CLINIC	13,954	23,380	OFIG. M	2,362,773.09		101.06	.127	DEC		_	12.83
#CALIF DEPT OF HEALTH SERV			KES M	ONTH-OF-PAYMENT R	EPOR:	I FOR JAN	ZUUZ THRU	DEC	. 2002	P.	AGE 14,704
MOP024 SONOMA COUNTY	FEE-FOR-SERVICE		T C 7 T T	V NEEDV NO COC							01/17/03
SONOMA COUNTY	SUMMARY OF SERV	JICES FOR 28 MED	ICALL	I NEEDI - NO SOC			N	(∩NIII	HLY AVERA	CE.	
184,219 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7\ 7.71		UNITS/DAY				COST PER
104,219 ELIGIBLES	USEKS			EXPENDITORES		,					
@ALL OTHER PROVIDERS	7 500	OR DAYS OF CAR		1 270 172 70		R UNIT/DAY 9.41			USER 168.40		ELIGIBLE 6.94
	7,590	135,885	\$	1,278,173.78	\$		.738	Þ		\$	
DURABLE MED. EQUIP.	408	1,970		165,699.43		84.11	.011		406.13		.90
BLOOD BANK	1 43	528		1,660.00		3.14	.003		1660.00		.01
HEARING AID DISPENSERS		75		6,516.66		86.89	.000		151.55		.04
MEDICAL TRANSPORTATION	1,045	33,333		264,411.83		7.93	.181		253.03		1.44
AMBULANCES/AIR TRANS	623	7,757		123,750.20		15.95	.042		198.64		. 67
OTHER TRANS	177	23,189		90,492.84		3.90	.126		511.26		.49
OTHER SERVICES	272	2,387		50,168.79		21.02	.013		184.44		.27
ACUPUNCTURE	75	189		3,234.49		17.11	.001		43.13		.02

ADULT DAY HEALTH CARE CTR	125	1,472	98,218.30	66.72	.008	785.75	.53
GENETIC DISEASE TESTING	552	558	42,085.00	75.42	.003	76.24	.23
IHMC, MODEL-NF, NF, AIDS, MSSP	358	3 <b>,</b> 360	181,711.46	54.08	.018	507.57	.99
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1 <b>,</b> 573	3,609	38,755.45	10.74	.020	24.64	.21
PHYSICAL THERAPIST	100	800	16,129.26	20.16	.004	161.29	.09
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	131	298	37,609.80	126.21	.002	287.10	.20
PROSTHETICS	77	233	32,098.93	137.76	.001	416.87	.17
ORTHOTICS	63	65	5,510.87	84.78	.000	87.47	.03
PSYCHOLOGIST	29	98	2,093.80	21.37	.001	72.20	.01
SPEECH AND AUDIOLOGY	195	532	32,307.34	60.73	.003	165.68	.18
HOSPICE SERVICES	46	1,102	142,300.58	129.13	.006	3093.49	.77
NONINST BIRTHING CENTERS	18	18	17,772.91	987.38	.000	987.38	.10
LOCAL EDUCATION AGENCIES	2,381	18,692	163,930.42	8.77	.101	68.85	.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	919	69 <b>,</b> 250	63,736.40	.92	.376	69.35	.35
@CALIF. CHILDREN SERVICES*	771	12,190	\$ 1,779,224.75	\$ 145.96	.066	\$ 2307.68	\$ 9.66
@XOVER EXCLUDING STATE HOSP**	4,167	37 <b>,</b> 420	\$ 760,349.97	\$ 20.32	.203	\$ 182.47	\$ 4.13

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,705
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----194 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,268 71.87 @TOTAL, ALL PROVIDERS 298 234,883.81 \$ 16.845 \$ 788.20 \$ 1210.74 33 80 14.25 34.56 \$ @PHYSICIANS SERVICES 1,140.37 \$ .412 \$ 5.88 0 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 .00 OFFICE VISITS .00 .00 .000 HOME VISITS Ω .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS 570.00 71.25 .041 285.00 2.94 83.60 HOSPITAL VISITS 83.60 41.80 .010 .43 CRITICAL CARE 486.40 81.07 .031 243.20 2.51 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 . 00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 .000 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .000 .00 OUTPATIENT SURGERY .00 .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 DIALYSIS .000 .00 PATHOLOGY 2.91 1.46 .010 2.91 .02

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1	2	60.3	4 30	.17 .010	60.34		.31
PSYCHIATRY	0	0	.0	)	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.0	)	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	30	68	507.1	2 7	.46 .351	16.90		2.61
@PHARMACY	173	1,020	\$ 54,514.4	L \$ 53	.45 5.258	\$ 315.11	\$	281.00
PRESCRIPTION DRUGS	166	850	53,773.7	9 63	.26 4.381	323.94		277.18
SNF/ICF	64	382	19,066.2	9 49	.91 1.969	297.91		98.28
OUTPATIENTS	103	468	34,707.5	74	.16 2.412	336.97		178.90
MEDICAL SUPPLIES	13	170	740.6	2 4	.36 .876	56.97		3.82
@DENTIST	4 4	181	\$ 7,627.0	) \$ 42	.14 .933	\$ 173.34	\$	39.31
VISITS - DIAGNOSTIC	2.9	95	879.0	9	.25 .490	30.31		4.53
ORAL SURGERY	11	16	318.0	19	.88 .082	28.91		1.64
DRUGS	0	0	.0	)	.000	.00		.00
ANESTHESIA	1	1	.0	)	.00 .005	.00		.00
PERIODONTICS	1	2	110.0	55	.00 .010	110.00		.57
ENDODONTICS	1	1	.0	)	.00 .005	.00		.00
RESTORATIVE DENTISTRY	12	41	1,840.0		.88 .211			9.48
PROSTHETICS	1	1	30.0	30	.00 .005	30.00		.15
DENTURES, STAYPLATES	8	23	4,450.0	193	.48 .119	556.25		22.94
SPACE MAINTAINERS	0	0	.0	)	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.0	)	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.0	)	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.0	)	.000	.00		.00
ALL OTHER SERVICES	1	1	.0	)	.00 .005	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR	JAN 2002 THRU	DEC 2002	PI	AGE 14,706

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

SUNUMA COUNTI	SOMMANI OF SEV	VICES FOR 29 MN -	. 20C -	AGED		AID CC	UE				
							M	TNC	HLY AVERA	GE	
194 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	3 (	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	9	\$	138.81	\$	15.42	.046	\$	27.76	\$	.72
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	5	9		138.81		15.42	.046		27.76		.72
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	6	\$	43.92	\$	7.32	.031	\$	8.78	\$	.23
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	5	6		43.92		7.32	.031		8.78		.23
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	R 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	40	189	\$	7,936.84	\$	41.99	.974	\$	198.42	\$	40.91
HOSP INPATIENT TOTAL	9	50		4,957.80		99.16	.258		550.87		25.56
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT CROSSOVERS	9	50		4,957.80	99.16	.258	550.87		25.56
MEDICAL 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSP OUTPATIENT TOTAL	31	139		2,979.04	21.43	.716	96.10		15.36
PATHOLOGY 1 1 4 4 40.69 10.17 .021 40.69 .21 RADIOLOGY 1 1 1 1 36.13 36.13 .005 36.13 .19 ROOM USE	MEDICAL	0	0		.00	.00	.000	.00		.00
RADIOLOGY 1 1 1 36.13 36.13 .005 36.13 .19 ROOM USE ROOM USE 0 0 0 0.00 .00 .000 .000 .000 .000 ROOSSOVERS/ALL OTH OUTPTNT 29 134 2,902.22 21.66 .691 100.08 14.96 ROOM USE 0 0 0 \$ .00 \$ .00 .000 \$ .000 \$ .000 ROOM SET 1 TOTAL 0 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .000 ROOM SET 1 TOTAL 0 0 0 0 .00 .000 .000 .000 .000 ROOM HSC HOSPITALS TOTAL 0 0 0 .00 .000 .000 .000 .000 ROOM HSC HOSPITALS TOTAL 0 0 0 .00 .000 .000 .000 .000 ROOM HSC HOSPITALS TOTAL 0 0 0 .00 .000 .000 .000 .000 ROOM ACCOMMODATIONS 0 0 0 .00 .000 .000 .000 .000 ROOM ACCOMMODATIONS 0 0 0 .00 .000 .000 .000 .000 .000 ROOM ADMINISTRATIVE DAYS 0 0 0 .000 .000 .000 .000 .000 RADINISTRATIVE DAYS 0 0 0 .000 .000 .000 .000 .000 RANCILLARIES 0 0 0 0 .000 .000 .000 .000 .000 ROOM ANCILLARIES 0 0 0 0 .000 .000 .000 .000 .000 ROOM LOTER INPATIENT CROSSOVERS 0 0 0 .000 .000 .000 .000 .000 RADICAL 0 0 0 .000 .000 .000 .000 .000 ROOM SEGERY 0 0 0 0 .000 .000 .000 .000 .000 ROOM USE 0 0 0 0 .000 .000 .000 .000 .000 ROOM USE 0 0 0 0 .000 .000 .000 .000 .000 .000	SURGERY	0	0		.00	.00	.000	.00		.00
ROOM USE	PATHOLOGY	1	4		40.69	10.17	.021	40.69		.21
CROSSOVERS/ALL OTH OUTPINT   29   134   2,902.22   21.66   .691   100.08   14.96	RADIOLOGY	1	1		36.13	36.13	.005	36.13		.19
COUNTY HOSPITAL TOTAL	ROOM USE	0	0		.00	.00	.000	.00		.00
CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPINT	29	134		2,902.22	21.66	.691	100.08		14.96
HSC HOSPITALS	@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .000 .000 .000 .0	ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM 0 0 0 0 00 00 00 00 00 00 00 00 00 00	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS   0   0   0   0   0   0   0   0   0	ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .000 .000 .000 .000	ANCILLARIES	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
MEDICAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
SURGERY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td>CO HOSP OUTPATIENT TOTAL</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
PATHOLOGY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 </td <td>MEDICAL</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	MEDICAL	0	0		.00	.00	.000	.00		.00
RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGERY	0	0		.00	.00	.000	.00		.00
ROOM USE       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00	PATHOLOGY	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0			.00				.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,707 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03		0	0							
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03		0	0							
	#CALIF DEPT OF HEALTH SERV			JRES 1	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002		•
SONOMA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE									0	1/17/03
	SONOMA COUNTY	SUMMARY OF SERVI	ICES FOR 29 MN	- SO	C - AGED	AID				
MONTHLY AVERAGE										
194 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	194 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COS	T PER

		OR DAYS OF CARE	1		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	189	\$	7,936.84	\$	41.99	.974		198.42		40.91
COMM HOSP INPATIENT TOTAL	9	50	·	4,957.80	·	99.16	.258		550.87	·	25.56
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	50		4,957.80		99.16	.258		550.87		25.56
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	31	139		2,979.04		21.43	.716		96.10		15.36
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		40.69		10.17	.021		40.69		.21
	1	1		36.13		36.13	.021		36.13		.19
RADIOLOGY	0	0		.00			.000		.00		
ROOM USE	29	134				.00					.00
CROSSOVERS/ALL OTH OUTPTNT	29		Ċ	2,902.22	Ċ	21.66	.691	Ċ	100.08	ċ	14.96
@STATE HOSPITAL	•	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@NURSING FACILITY	70	1,654	\$	157,677.34	\$	95.33	8.526	\$	2252.53	Ş	812.77
LEV A-INTERMEDIATE	1	44		4,270.08		97.05	.227		4270.08		22.01
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	70	1,610		153,407.26		95.28	8.299		2191.53		790.76
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4	\$	57.39	\$	14.35	.021	\$	57.39	\$	.30
PATHOLOGY	1	4		57.39		14.35	.021		57.39		.30
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	9	\$	592.98	\$	65.89	.046	\$	98.83	\$	3.06
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	9		592.98		65.89	.046		98.83		3.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUE	RES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 14,708
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR 29 MN -	SOC	- AGED		AID CC	DDE				
							M				
194 ELIGIBLES	USERS	UNITS OF SERVICE	]	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1			R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	21	116	\$	5,154.75	\$	44.44	.598	\$	245.46	\$	
DURABLE MED. EQUIP.	2	3		209.71		69.90			104.86		1.08
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	.00
MEDICAL TRANSPORTATION	5	50		200.13		4.00	.258		40.03	1.03
AMBULANCES/AIR TRANS	0	6CR	Č	124.91C	R	20.82	.031C	R	.00	.64CR
OTHER TRANS	2	8		60.38		7.55	.041		30.19	.31
OTHER SERVICES	3	48		264.66		5.51	.247		88.22	1.36
ACUPUNCTURE	0	0		.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	.00
OPTICIAN	3	6		68.80		11.47	.031		22.93	.35
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	.00
PROSTHETICS	0	0		.00		.00	.000		.00	.00
ORTHOTICS	0	0		.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	.00
HOSPICE SERVICES	3	42		4,505.76		107.28	.216		1501.92	23.23
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	9	15		170.35		11.36	.077		18.93	.88
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	89	278	\$	23,768.51	\$	85.50	1.433	\$	267.06	\$ 122.52
0* TOTALS IN THESE LINES ARE GIV	VEN AS A SEPARATE I	NFORMATION	ITEM ONI	LY;						
OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS  @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	0 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 15 0 278	\$ \$ S ITEM ONJ	.00 68.80 .00 .00 .00 .00 .00 .00 4,505.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		.00 11.47 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .031 .000 .000 .000 .000 .000 .216 .000 .000 .000 .000		.00 22.93 .00 .00 .00 .00 .00 .00 .1501.92 .00 .00 .00 .00	.00 .35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 #CALIF DEPT OF HEALTH SERV PAGE 14,709 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SONOMA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER @TOTAL, ALL PROVIDERS 24.05 24.05 \$ 1 1 \$ 24.05 \$ .000 \$ .00 @PHYSICIANS SERVICES \$ .00 \$ .00 .000 \$ .00 \$ .00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS 0 0 .00 .00 .000 .00 .00 HOME VISITS 0 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 ASSISTANT SURGEON .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

<sup>@ \*</sup> 

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	1	\$	24.05	\$	24.05	.000	\$	24.05	Ś	.00
PRESCRIPTION DRUGS	± 1	1	Y	24.05	Ÿ	24.05	.000	Y	24.05	Ÿ	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		24.05		24.05	.000		24.05		.00
	0	1									
MEDICAL SUPPLIES	0	0	Ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	•	O		• • • •		• • •					
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	•									
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0	0	ES MONI	.00	PORT	.00	.000	DEC	.00	P.A	.00 .00 AGE 14,710
ALL OTHER SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/	0 0 S AND EXPENDITURE DENTAL	ES MONT	.00	PORT	.00	.000	DEC	.00	P#	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE	0 0 S AND EXPENDITURE DENTAL		.00 .00 TH-OF-PAYMENT RE	PORT	.00	.000 .000 002 THRU	DEC	.00	P <i>P</i>	.00 .00 AGE 14,710
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	0 0 S AND EXPENDITURE DENTAL		.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 002 THRU	ONTI	.00 .00 2002 HLY AVERA		.00 .00 AGE 14,710
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/	0 0 S AND EXPENDITURE DENTAL		.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 002 THRU	ONTI	.00 .00 2002	GE -	.00 .00 AGE 14,710
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	0 0 S AND EXPENDITURE DENTAL CES FOR 30 MN -		.00 .00 TH-OF-PAYMENT RE	AVE:	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY	.000 .000 002 THRU DE M UNITS/DAY PER ELIG	ONTI	.00 .00 2002 HLY AVERA	GE -	.00 .00 AGE 14,710 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	0 0 0 S AND EXPENDITURE DENTAL CES FOR 30 MN - UNITS OF SERVICE		.00 .00 TH-OF-PAYMENT RE	AVE:	.00 .00 FOR JAN 2 AID CC	.000 .000 002 THRU DE M UNITS/DAY	ONTI	.00 .00 2002 HLY AVERA COST PER	GE -	.00 .00 AGE 14,710 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI	0 0 0 S AND EXPENDITURE DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE	SOC -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES	AVE:	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY	.000 .000 002 THRU DE M UNITS/DAY PER ELIG	ONTI	.00 .00 2002 HLY AVERA COST PER USER	GE - C E	.00 .00 AGE 14,710 01/17/03 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS 0	0 0 0 S AND EXPENDITURE DENTAL CES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0	SOC -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00	AVE:	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00	GE - C E	.00 .00 AGE 14,710 01/17/03 COST PER ELIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS 0	O O O O O O O O O O O O O O O O O O O	SOC -	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00	AVE:	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000 .000	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 AGE 14,710 01/17/03 COST PER ELIGIBLE .00 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$	.00 .00 AGE 14,710 01/17/03 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTI S (	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E \$	.00 .00 AGE 14,710 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .002 THRU .005 .007 .000 .000 .000 .000 .000 .000	ONTI S (	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E \$	.00 .00 AGE 14,710 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	O MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTI S ( \$ \$	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - C E \$	.00 .00 .00 AGE 14,710 01/17/03 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	O MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  O O O O O O O O O O O O O O O O O O	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S ( \$ \$	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - C F S S S	.00 .00 .00 AGE 14,710 01/17/03 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	O MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT) S \$ \$	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C F \$ \$ \$	.00 .00 .00 AGE 14,710 01/17/03 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	O MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C F \$ \$ \$	.00 .00 .00 AGE 14,710 01/17/03 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	O MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 AGE 14,710 01/17/03 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  @OPTOMETRIST    DIAGNOSTIC AND ANC. PROCED    EYE APPLIANCES    OTHER OPTOMETRIC SERVICES @CHIROPRACTOR    VISITS    OTHER SERVICES @PODIATRIST    MEDICINE/INJECTIONS    SURGERY/ANES.    RADIO./PATHOLOGY    OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	O MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$ \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI ONS \$ \$ \$ \$ \$ \$ \$\$\$\$\$\$	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 .00 .00 AGE 14,710 01/17/03 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER GTOTAL HOSPITAL	O MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSS	.00 .00 .00 AGE 14,710 01/17/03 
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  00 ELIGIBLES  @OPTOMETRIST    DIAGNOSTIC AND ANC. PROCED    EYE APPLIANCES    OTHER OPTOMETRIC SERVICES @CHIROPRACTOR    VISITS    OTHER SERVICES @PODIATRIST    MEDICINE/INJECTIONS    SURGERY/ANES.    RADIO./PATHOLOGY    OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	O MEDI-CAL SERVICE FEE-FOR-SERVICE/ SUMMARY OF SERVI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O O O O O O O O O O O O O O O O O O	SOC - \$	.00 .00 TH-OF-PAYMENT REBLIND  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE: PER \$ \$ \$ \$	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .002 THRU DE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI ONS \$ \$ \$ \$ \$ \$ \$\$\$\$\$\$	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 .00 .00 AGE 14,710 01/17/03 

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Ô	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ROOM USE	0	•					.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Û	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Ô	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MON					
MOP024	FEE-FOR-SERVICE		IIH-OF-PAIMENI RE	IPORI FOR JAN 2	2002 IRO DEC	2002	PAGE 14,711 01/17/03
			DITND	7.TD CC	NDE.		01/11/03
SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR 30 MN - SOC -	. BLIND	AID CO			CE
00 81 1018180	HORDO	INTEG OF GERMAN		ATTERNACE COOR	MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.0000	ō	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
1,0011 001	U	V	.00	• 0 0	. 000	. 0 0	• • • •

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	·	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	Ō	•	.00	'	.00	.000		.00	'	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	Ō		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	•	.00		.00	.000	·	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL	SERVICES AND EX	XPENDITUR .	ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 200	2 THRU	DEC	2002	PAGE	14,712
MOP024 FEE-FOR-S	ERVICE/DENTAL										1/17/03
101024											

 		 			_	
				MONTHI	Y AVERAGE	 

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGI  @ALL OTHER PROVIDERS 0 0 \$ .00 \$ .00 \$ .00 \$  DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00  BLOOD BANK 0 0 0 .00 .00 .00 .00	BLE .00 .00 .00 .00 .00
DURABLE MED. EQUIP.       0       0       .00       .00       .00       .00         BLOOD BANK       0       0       .00       .00       .00       .00	.00
BLOOD BANK 0 0 .00 .00 .00 .00	.00
	.00
	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	
MEDICAL TRANSPORTATION 0 0 .00 .00 .00 .00	.00
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00	
OTHER TRANS 0 0 .00 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
ACUPUNCTURE 0 0 .00 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00	.00
OPTICIAN 0 0 .00 .00 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$ .00 \$ .00 \$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP** 0	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,713
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

						*		
						MON	ITHLY AVERA	GE
667 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	844	10,539	\$	1,069,911.49	\$ 101.52	15.801	1267.67	\$ 1604.07
@PHYSICIANS SERVICES	231	1,353	\$	70,465.15	\$ 52.08	2.028	305.04	\$ 105.64
OUTPATIENT VISITS	57	88		3,676.18	41.77	.132	64.49	5.51
OFFICE VISITS	38	58		2,004.26	34.56	.087	52.74	3.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	23	28		1,622.72	57.95	.042	70.55	2.43
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		49.20	24.60	.003	24.60	.07
INPATIENT VISITS	52	287		10,302.42	35.90	.430	198.12	15.45
HOSPITAL VISITS	50	274		9,243.61	33.74	.411	184.87	13.86
CRITICAL CARE	4	11		1,027.90	93.45	.016	256.98	1.54
SNF/ICF/TRANS IP CARE	2	2		30.91	15.46	.003	15.46	.05
OPHTHALMOLOGICAL SERVICES	2	2		83.59	41.80	.003	41.80	.13

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	2	2		83.59		41.80	.003		41.80		.13
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	22	45		7,111.73		158.04	.067		323.26		10.66
PRINCIPAL SURGEON	17	20		6,306.33		315.32	.030		370.96		9.45
ASSISTANT SURGEON	1	1		160.09		160.09	.001		160.09		.24
ANESTHESIOLOGIST	4	24		645.31		26.89	.036		161.33		.97
OUTPATIENT SURGERY	18	50		4,902.64		98.05	.075		272.37		7.35
PRINCIPAL SURGEON	13	15		3,849.93		256.66	.022		296.15		5.77
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	7	35		1,052.71		30.08	.052		150.39		1.58
DIALYSIS	1	1		56.60		56.60	.001		56.60		.08
PATHOLOGY	28	86		1,142.96		13.29	.129		40.82		1.71
RADIOLOGY	60	155		9,175.20		59.19	.232		152.92		13.76
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	259		28,335.70		109.40	.388		2575.97		42.48
OTHER SERVICES/ALL X-OVERS	120	380		5,678.13		14.94	.570		47.32		8.51
@PHARMACY	560	4,590	\$		Ś	125.61		Ś	1029.52	Ś	864.36
PRESCRIPTION DRUGS	543	3,077	Y	560,337.11	Υ	182.11	4.613	٧	1031.93	7	840.09
SNF/ICF	9	38		3,249.72		85.52	.057		361.08		4.87
OUTPATIENTS	534	3,039		557,087.39		183.31	4.556		1043.23		835.21
MEDICAL SUPPLIES	40	1,513		16,193.28		10.70	2.268		404.83		24.28
@DENTIST	50	180	\$		\$		.270	Ś		Ś	15.58
VISITS - DIAGNOSTIC	28	66	Y	1,054.00	Y	15.97	.099	Y	37.64	Y	1.58
ORAL SURGERY	7	44		1,215.00		27.61	.066		173.57		1.82
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PERIODONTICS ENDODONTICS	2	3		645.00		215.00	.004		322.50		.97
	17	41		5,736.00					322.50		
RESTORATIVE DENTISTRY	1 /	0		•		139.90	.061				8.60
PROSTHETICS	9	21		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9			894.32		42.59	.031		99.37		1.34
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	Ţ		847.00		847.00	.001		847.00		1.27
FRACTURES, DISLOCATIONS	•	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	4		.00		.00	.006		.00	_	.00
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2002 THRU	DEC	2002	Ρ.	AGE 14,714
MOP024	FEE-FOR-SERVIC										01/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR 31 MN -	- 800	: - DISABLED A:	ID CC	DDES 65 67		O.1.		<b>C D</b>	
CCZ BLICIDIBO	Hanna	INTEG OF SERVICE	,		70 7 7 7 7	TD 7 CE COCE	M				
667 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
O O DECMEED TOE	7	OR DAYS OF CARE		441 04		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	7	20	\$	441.04	\$		.030	\$		Ş	.66
DIAGNOSTIC AND ANC. PROCED	4	4		189.80		47.45	.006		47.45		.28
EYE APPLIANCES	5	16		251.24		15.70	.024		50.25		.38
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000		.00	_	.00
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.001	Ş	16.72	Ş	.03
VISITS	1	1		16.72		16.72	.001		16.72		.03
OTHER SERVICES	0	0	_	.00		.00	.000	_	.00		.00
@PODIATRIST	6	12	\$	289.98	\$	24.17	.018	\$	48.33	\$	.43
MEDICINE/INJECTIONS	1	3		64.20		21.40	.004		64.20		.10
SURGERY/ANES.	2	4		35.00		8.75	.006		17.50		.05
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	4	5		190.78		38.16	.007		47.70	,	.29
@HOME HEALTH AGENCY	16	82	\$	5,476.98	\$	66.79	.123		342.31		8.21
NURSE ANESTHESIST	2	31	\$	514.18	\$	16.59	.046	\$	257.09	\$	.77

NURSE MIDWIFE	0	0	Ċ	.00	Ċ	.00	.000	\$ 0	0 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000			
FAMILY NURSE PRACTITIONER	0	0	ς ς	.00		.00	.000		0 \$	
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	190	1,251	ς ς	301,784.25			1.876			
HOGD INDATIFAT TOTAL	11	257	۲	279,901.85	Y	1000 11	.385	6826.8		419.64
HSC HOSPITALS	4.1	12		13,743.00		1089.11 1145.25	.018	3435.7		20.60
NON-UCC HOCDITAL TOTAL	23	111		257 155 88		2316 72	.166			385.54
ACCOMMODATIONS	23	111		257,155.88 76,044.63		685 09	.166	3456.5		114.01
ACCOMMODALIONS	22	0		235.64C			.000	.0		.35CR
TDANGTTIONAL TO CADE	0 22 23 14 0 159	0		151.02		.00	.000			.23
ALL OTHER ACCOM	22	111		76,129.25		685.85	.166			114.14
ALL OIDER ACCOM	22	111		101 111 05		0.0	.000	7874.4		271.53
INPATIENT CROSSOVERS	2.3 1.4	0 134 0		9,002.97		67 10	.201	643.0		13.50
ALL OTHER INPATIENT	14	134		9,002.97		67.19	.201	.0		.00
ALL OIDER INPAILENT	1 = 0	994		21 882 40		22 01	1.490			32.81
HOSP OUTPATIENT TOTAL	37	64		21,882.40 2,428.40		22.01	.096	137.6 65.6	<i>ა</i>	32.81
MEDICAL	37			2,428.40 972.28		22.01 37.94 64.82		81.0		
MEDICAL SURGERY PATHOLOGY RADIOLOGY	12	15 238		9/2.28		64.82	.022			1.46 3.67
PATHOLOGY	33	238 61		2,444.86		10.27 87.74	.357	44.4 152.9	2	3.67 8.02
RADIOLOGY	35 47			5,352.07			.091	152.9	2	
ROOM USE		73		3,239.52		44.38	.109	68.9		4.86
CROSSOVERS/ALL OTH OUTPINT	102	543	<u> </u>	7,445.27	<u> </u>	13.71	.814	72.9		11.16
@COUNTY HOSPITAL TOTAL	1		\$			1065.20		\$ 5326.0		
CO HOSPITAL INPATIENT TOTAL	1	5		5,326.00		1065.20 1065.20	.007	5326.0		7.99
HSC HOSPITALS	102 1 1 1 0	5		5,326.00		1065.20	.007	5326.0		7.99
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.0		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.0		.00
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.0		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.0		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.0		.00
ANCILLARIES	0	0		.00		.00	.000	.0		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00				.00
MEDICAL	0	0		.00		.00	.000	.0		.00
SURGERY	0	0		.00		.00	.000			.00
PATHOLOGY	0	0		.00		.00	.000			.00
RADIOLOGY	0	0		.00		.00	.000			.00
ROOM USE	0	0		.00		.00	.000	.0		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV			JRES 1	MONTH-OF-PAYMENT R	REPOR	RT FOR JAN	2002 THRU	DEC 2002		PAGE 14,715
MOP024	FEE-FOR-SERVICE									01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 31 MN	- SO	C - DISABLED A	VID C	ODES 65 67				
								ONTHLY AVE		
667 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				
		OR DAYS OF CAR				R UNIT/DAY				ELIGIBLE
ACOMMINITAL HOCDIAL MODAL	100	1 216	Ċ	206 450 25	Ċ	227 02	1 0 6 0	¢ 1560 5	c ċ	111 17

				11014	T1111 T 77 A 11/47	OLI
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
189	1,246 \$	296,458.25	\$ 237.93	1.868 \$	1568.56	\$ 444.47
40	252	274,575.85	1089.59	.378	6864.40	411.66
3	7	8,417.00	1202.43	.010	2805.67	12.62
23	111	257,155.88	2316.72	.166	11180.69	385.54
22	111	76,044.63	685.09	.166	3456.57	114.01
0	0	235.64CR	.00	.000	.00	.35CR
0	0	151.02	.00	.000	.00	.23
22	111	76,129.25	685.85	.166	3460.42	114.14
23	0	181,111.25	.00	.000	7874.40	271.53
14	134	9,002.97	67.19	.201	643.07	13.50
0	0	.00	.00	.000	.00	.00
	189 40 3 23 22 0 0 22 23	OR DAYS OF CARE  189	OR DAYS OF CARE  189	OR DAYS OF CARE  189 1,246 252 274,575.85 1089.59 3 7 8,417.00 1202.43 23 111 257,155.88 2316.72 22 111 76,044.63 685.09 0 0 0 235.64CR 00 0 0 151.02 00 22 111 76,129.25 685.85 23 0 181,111.25 00 14 134 9,002.97 67.19	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS           189         1,246         \$ 296,458.25         \$ 237.93         1.868         \$ 296,458.25         \$ 237.93         1.868         \$ 296,458.25         \$ 237.93         1.868         \$ 296,458.25         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93         1.868         \$ 237.93	OR DAYS OF CARE  189 1,246 252 274,575.85 1089.59 378 6864.40 3 7 8,417.00 1202.43 .010 2805.67 23 111 257,155.88 2316.72 .166 11180.69 22 111 76,044.63 685.09 .166 3456.57 0 0 0 151.02 .00 .00 0 22 111 76,129.25 685.85 .166 3460.42 23 0 181,111.25 .00 .00 7874.40 14 134 9,002.97 67.19 .201 643.07

COMM HOSP OUTPATIENT TOTAL	159	994		21,882.40		22.01	1.490		137.63		32.81
MEDICAL	37	64		2,428.40		37.94	.096		65.63		3.64
SURGERY	12	15		972.28		64.82	.022		81.02		1.46
PATHOLOGY	55	238		2,444.86		10.27	.357		44.45		3.67
	35					87.74	.091		152.92		8.02
RADIOLOGY		61		5,352.07							
ROOM USE	47	73		3,239.52		44.38	.109		68.93		4.86
CROSSOVERS/ALL OTH OUTPTNT		543		7,445.27		13.71	.814		72.99		11.16
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	11	218	\$	29,331.45	\$	134.55	.327	Ś	2666.50	Ś	43.98
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	~	.00	Υ	.00
	2										
LEV B-REHAB MD		158		16,273.94		103.00	.237		8136.97		24.40
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	60		13,057.51		217.63	.090		1450.83		19.58
@INTERMEDIATE CARE FACILDD	1	61	\$	6,310.60	\$	103.45	.091	\$	6310.60	\$	9.46
ICF DDH	1	61		6,310.60	·	103.45	.091		6310.60	•	9.46
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
			Ċ		Ċ			Ċ		Ċ	
@HEMODIALYSIS TOTAL	15		\$	10,541.42	\$	702.76	.022	\$	702.76	Ş	15.80
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	15	15		10,541.42		702.76	.022		702.76		15.80
@REHABILITATION FACILITY	1	9	\$	163.29	\$	18.14	.013	\$	163.29	\$	.24
HOSPITAL BASED	1	9		163.29		18.14	.013		163.29		.24
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	31		\$	2,003.35	\$	19.08	.157	Ś	64.62	Ś	3.00
PATHOLOGY	31	105	Υ	2,003.35	Υ	19.08	.157	~	64.62	Υ	3.00
	0	0		•		.00	.000		.00		.00
XO AND OTHERS	•		<b>^</b>	.00	<u> </u>			<u>~</u>		<u> </u>	
@ORGANIZED OUTPATIENT CLINIC	83		\$	- <b>,</b>	\$	70.79	.282	Ş	160.34	Ş	19.95
CLINIC	5	22		373.45		16.98	.033		74.69		.56
SURGICENTER	2	8		549.18		68.65	.012		274.59		.82
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	76	158		12,385.80		78.39	.237		162.97		18.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MO		EPORT		2002 THRU	DEC	2002	P.A	AGE 14,716
MOP024	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY		ICES FOR 31 MN -	900	- DICABIED A	TD CC	DDES 65 67	6 M				01/1//03
SONOMA COUNTI	SUMMAKI OF SERV	ICES FOR SI MM -	300	- DISABLED A	LD CC	05 07	M		מתתונג אווד	CE.	
CCZ BLICIPIBO	Hanna	IDITES OF SERVICE			70 7 7 7						
667 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	66	, -	\$	42,342.94	\$	17.48	3.633	\$		\$	63.48
DURABLE MED. EQUIP.	9	25		4,933.12		197.32	.037		548.12		7.40
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	22	1,568		5,685.37		3.63	2.351		258.43		8.52
AMBULANCES/AIR TRANS	14	192		2,491.96		12.98	.288		178.00		3.74
OTHER TRANS	6	1,352		2,988.06		2.21	2.027		498.01		4.48
OTHER SERVICES	2	24		205.35		8.56	.036		102.68		.31
ACUPUNCTURE	4	5		81.10		16.22	.007		20.28		.12
ADULT DAY HEALTH CARE CTR	1	21		1,397.34		66.54	.031		1397.34		2.09
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	13	38		515.14		13.56	.057		39.63		.77
	0	0									
PHYSICAL THERAPIST	U	U		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	1	3	510.88	170.29	.004	5	10.88	.77
PROSTHETICS	1	3	510.88	170.29	.004	5	10.88	.77
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	3	8	2,363.00	295.38	.012	7	87.67	3.54
HOSPICE SERVICES	6	198	25,804.14	130.32	.297	43	00.69	38.69
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	11	557	1,052.85	1.89	.835		95.71	1.58
@CALIF. CHILDREN SERVICES*	5	12	\$ 3,270.04	\$ 272.50	.018	\$ 6	54.01	\$ 4.90
@XOVER EXCLUDING STATE HOSP**	156	1,580	\$ 48,904.85	\$ 30.95	2.369	\$ 3	13.49	\$ 73.32

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,717 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	THLY AVERA	GE
425 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	601	3 <b>,</b> 755	\$	1,037,040.46	\$ 276.18	8.835 \$	1725.52	\$ 2440.10
@PHYSICIANS SERVICES	258	1,285	\$	339,257.78	\$ 264.01	3.024 \$	1314.95	\$ 798.25
OUTPATIENT VISITS	124	157		6,905.35	43.98	.369	55.69	16.25
OFFICE VISITS	59	71		2,403.93	33.86	.167	40.74	5.66
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	66	84		4,377.01	52.11	.198	66.32	10.30
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.002	60.48	.14

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		63.93	63.93	.002	63.93		.15
INPATIENT VISITS	36	106		5,662.26	53.42	.249	157.29		13.32
HOSPITAL VISITS	31	86		4,174.99	48.55	.202	134.68		9.82
CRITICAL CARE	7	20		1,487.27	74.36	.047	212.47		3.50
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	3		70.99	23.66	.007	35.50		.17
EXAMINATIONS	2	3		70.99	23.66	.007	35.50		.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	36	262		16,311.24	62.26	.616	453.09		38.38
PRINCIPAL SURGEON	20	33		11,072.80	335.54	.078	553.64		26.05
ASSISTANT SURGEON	3	3		468.20	156.07	.007	156.07		1.10
ANESTHESIOLOGIST	19	226		4,770.24	21.11	.532	251.07		11.22
OUTPATIENT SURGERY	33	91		7,906.86	86.89	.214	239.60		18.60
PRINCIPAL SURGEON	23	30		6,177.22	205.91	.071	268.57		14.53
ASSISTANT SURGEON	1	1		166.79	166.79	.002	166.79		.39
ANESTHESIOLOGIST	12	60		1,562.85	26.05	.141	130.24		3.68
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	21	32		806.00	25.19	.075	38.38		1.90
RADIOLOGY	74	176		8,677.28	49.30	.414	117.26		20.42
PSYCHIATRY	0	1,0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	6	70		1,676.19	23.95	.165	279.37		3.94
OTHER SERVICES/ALL X-OVERS	59	388		291,241.61	750.62	.913	4936.30		685.27
@PHARMACY	133	547	Ś		\$ 445.98		\$ 1834.20		574.00
PRESCRIPTION DRUGS	127	332	Y	22,371.63	67.38	.781	176.15	۲	52.64
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	127	332		22,371.63	67.38	.781			52.64
MEDICAL SUPPLIES	12	215		221,577.46	1030.59	.506	18464.79		521.36
@DENTIST	69	260	s	9,343.00	\$ 35.93		\$ 135.41		21.98
VISITS - DIAGNOSTIC	38	129	Ψ	920.00	7.13	.304	24.21	۲	2.16
ORAL SURGERY	6	14		1,351.00	96.50	.033	225.17		3.18
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	1		.00	.00	.002	.00		.00
ENDODONTICS	11	20		2,007.00	100.35	.047			4.72
RESTORATIVE DENTISTRY	27	88		5,065.00	57.56	.207	187.59		11.92
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	1		.00	.00	.002	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	Ő		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	3	3		.00	.00	.007	.00		.00
ALL OTHER SERVICES	1	4		.00	.00	.009	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	-	RES N					PAG	SE 14,718
MOP024	FEE-FOR-SERVICE/DENT		TUD I		LICINI ION OAN	. 2002 1111(0	2002		01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES		- soc	C - FAMILIES AID CO	ODE 58 68 37				01/1//03
501101111 0001111	SOLUTION OF SHILLING	1010 02 1110	500	Z IIIIIIIII III C	022 010 010 07		/ONITHIT !! 3 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	<b>C T</b>	

----- MONTHLY AVERAGE -----425 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 16 \$ 358.56 \$ 22.41 .038 \$ 89.64 \$ .84 4 DIAGNOSTIC AND ANC. PROCED 176.90 44.23 .009 58.97 .42 4 EYE APPLIANCES 12 181.66 15.14 .028 45.42 .43 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 \$ .000 \$ .00 \$ .00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$ .00 .000 \$ .00 \$ .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0						
SURGERY/ANES.		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	4 \$	275.36	\$ 68.84	.009 \$		
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	244	1,144 \$	425,370.25	\$ 371.83	2.692 \$		
HOSP INPATIENT TOTAL	47	149	397,902.18	2670.48	.351	8466.00	936.24
HSC HOSPITALS	5	12		1303.25	.028	3127.80	36.80
			15,639.00				
NON-HSC HOSPITAL TOTAL	42	137	382,263.18	2790.24	.322	9101.50	899.44
ACCOMMODATIONS	42	137	92,222.12	673.15	.322	2195.76	216.99
ADMINISTRATIVE DAYS	1	5	1,042.26	208.45	.012	1042.26	2.45
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	132	91 <b>,</b> 179.86	690.76	.311	2170.95	214.54
ANCILLARIES	42	0	290,041.06	.00	.000	6905.74	682.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	207	995	27,468.07	27.61	2.341	132.70	64.63
MEDICAL	66	94	3,096.61	32.94	.221	46.92	7.29
SURGERY	33	38	1,249.71	32.89	.089	37.87	2.94
	90	367	•				
PATHOLOGY			4,149.46	11.31	.864	46.11	9.76
RADIOLOGY	64	84	8,708.89	103.68	.198	136.08	20.49
ROOM USE	139	186	6,990.10	37.58	.438	50.29	16.45
CROSSOVERS/ALL OTH OUTPTNT		226	3 <b>,</b> 273.30	14.48	.532	31.17	7.70
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Û	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	•	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES MON					PAGE 14,719
MOP024	FEE-FOR-SERVICE						01/17/03
SONOMA COUNTY		ICES FOR 32 MN - SOC -	- FAMILIES AID CO	ODE 58 68 37			01/11/03
SONOPA COUNTI	SOPPART OF SERV	TOES FOR 32 PM SOC	PARTILLES AID CO	DDE SIK OIK S7	MON'	ת משונה עדעי	CF
42E BLICIDIES	HCEDC	INITES OF SERVICE	EVDENDIBLIDEC	ATTEDACE COCH			
425 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000.00.00.00.00.00.00.00.00.00.00.00.	~ ^ ^	OR DAYS OF CARE	405 050 05	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	244	1,144 \$	425,370.25	\$ 371.83	·		\$ 1000.87
COMM HOSP INPATIENT TOTAL	47	149	397 <b>,</b> 902.18	2670.48	.351	8466.00	936.24
HSC HOSPITALS	5	12	15,639.00	1303.25	.028	3127.80	36.80
NON-HSC HOSPITALS TOTAL	42	137	382,263.18	2790.24	.322	9101.50	899.44
ACCOMMODATIONS	42	137	92,222.12	673.15	.322	2195.76	216.99

ADMINISTRATIVE DAYS	1	5		1,042.26		208.45	.012		1042.26		2.45
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	42	132		91,179.86		690.76	.311		2170.95		214.54
ANCILLARIES	42	0		290,041.06		.00	.000		6905.74		682.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	207	995		27,468.07		27.61	2.341		132.70		64.63
MEDICAL	66	94		3,096.61		32.94	.221		46.92		7.29
SURGERY	33	38		1,249.71		32.89	.089		37.87		2.94
PATHOLOGY	90	367		4,149.46		11.31	.864		46.11		9.76
RADIOLOGY	64	84		8,708.89		103.68	.198		136.08		20.49
ROOM USE	139	186		6,990.10		37.58	.438		50.29		16.45
CROSSOVERS/ALL OTH OUTPTNT	105	226		3,273.30		14.48	.532		31.17		7.70
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0	·	.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	1	\$	1,447.60	\$	1447.60	.002	\$	723.80	\$	3.41
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	2	1		1,447.60		1447.60	.002		723.80		3.41
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	28	123	\$	2,138.57	\$	17.39	.289	\$	76.38	\$	5.03
PATHOLOGY	28	123	·	2,138.57	·	17.39	.289		76.38		5.03
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	51	113	\$	10,829.52	\$	95.84	.266	\$	212.34	\$	25.48
CLINIC	3	8	·	96.12	·	12.02	.019		32.04		.23
SURGICENTER	2	7		252.68		36.10	.016		126.34		.59
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	46	98		10,480.72		106.95	.231		227.84		24.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MOI		EPOR			DEC		P.	AGE 14,720
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FO		- SOC ·	- FAMILIES AID CO	ODE	5R 6R 37					

----- MONTHLY AVERAGE -----425 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 262 \$ \$ 15.54 .616 \$ 116.31 \$ @ALL OTHER PROVIDERS 35 4,070.73 DURABLE MED. EQUIP. 1 1 26.00 26.00 .002 26.00 .06 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 21 2,964.22 141.15 157 18.88 6.97 MEDICAL TRANSPORTATION .369 21 157 18.88 141.15 6.97 2,964.22 .369 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00	
GENETIC DISEASE TESTING	1	1	55.00	5.5	5.00	.002	55.00	.13	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00	
OPTICIAN	7	19	227.25	11	.96	.045	32.46	.53	
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00	
PROSTHETICS	0	0	.00		.00	.000	.00	.00	
ORTHOTICS	0	0	.00		.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	3	144.19	48	3.06	.007	144.19	.34	
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	4	33	338.39	10	.25	.078	84.60	.80	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00	
ALL OTHER PROVIDERS	1	48	315.68	6	5.58	.113	315.68	.74	
@CALIF. CHILDREN SERVICES*	31	406	\$ 489,030.02	\$ 1204	1.51	.955	\$ 15775.16	\$ 1150.66	
@XOVER EXCLUDING STATE HOSP**	3	4	\$ 1,756.56	\$ 439	0.14	.009	\$ 585.52	\$ 4.13	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,721 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MON	THLY AVERA	GE
1,286 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,744	17,563 \$	2,341,859.81	\$ 133.34	13.657 \$		\$ 1821.04
@PHYSICIANS SERVICES	522	2,718 \$	410,863.30	\$ 151.16	2.114 \$	787.09	\$ 319.49
OUTPATIENT VISITS	181	245	10,581.53	43.19	.191	58.46	8.23
OFFICE VISITS	97	129	4,408.19	34.17	.100	45.45	3.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	89	112	5,999.73	53.57	.087	67.41	4.67
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.001	60.48	.05
OTHER OUTPATIENT	3	3	113.13	37.71	.002	37.71	.09
INPATIENT VISITS	90	401	16,534.68	41.23	.312	183.72	12.86
HOSPITAL VISITS	82	362	13,502.20	37.30	.281	164.66	10.50
CRITICAL CARE	13	37	3,001.57	81.12	.029	230.89	2.33
SNF/ICF/TRANS IP CARE	2	2	30.91	15.46	.002	15.46	.02
OPHTHALMOLOGICAL SERVICES	4	5	154.58	30.92	.004	38.65	.12
EXAMINATIONS	4	5	154.58	30.92	.004	38.65	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	58	307	23,422.97	76.30	.239	403.84	18.21
PRINCIPAL SURGEON	37	53	17,379.13	327.91	.041	469.71	13.51
ASSISTANT SURGEON	4	4	628.29	157.07	.003	157.07	.49
ANESTHESIOLOGIST	23	250	5,415.55	21.66	.194	235.46	4.21
OUTPATIENT SURGERY	51	141	12,809.50	90.85	.110	251.17	9.96
PRINCIPAL SURGEON	36	45	10,027.15	222.83	.035	278.53	7.80
ASSISTANT SURGEON	1	1	166.79	166.79	.001	166.79	.13
ANESTHESIOLOGIST	19	95	2,615.56	27.53	.074	137.66	2.03
DIALYSIS	1	1	56.60	56.60	.001	56.60	.04
PATHOLOGY	50	120	1,951.87	16.27	.093	39.04	1.52

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	135	333		17,912.82		53.79	.259		132.69		13.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	17	329		30,011.89		91.22	.256		1765.41		23.34
OTHER SERVICES/ALL X-OVERS	209	836		297,426.86		355.77	.650		1423.10		231.28
@PHARMACY	867	6 <b>,</b> 158	\$	875,017.94	\$	142.09	4.788	\$	1009.25	\$	680.42
PRESCRIPTION DRUGS	837	4,260		636,506.58		149.41	3.313		760.46		494.95
SNF/ICF	73	420		22,316.01		53.13	.327		305.70		17.35
OUTPATIENTS	765	3,840		614,190.57		159.95	2.986		802.86		477.60
MEDICAL SUPPLIES	65	1,898		238,511.36		125.66	1.476		3669.41		185.47
@DENTIST	163	621	\$	27,361.32	\$	44.06	.483	\$	167.86	\$	21.28
VISITS - DIAGNOSTIC	95	290		2,853.00		9.84	.226		30.03		2.22
ORAL SURGERY	24	74		2,884.00		38.97	.058		120.17		2.24
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		.00		.00	.001		.00		.00
PERIODONTICS	2	3		110.00		36.67	.002		55.00		.09
ENDODONTICS	14	24		2,652.00		110.50	.019		189.43		2.06
RESTORATIVE DENTISTRY	56	170		12,641.00		74.36	.132		225.73		9.83
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.02
DENTURES, STAYPLATES	18	45		5,344.32		118.76	.035		296.91		4.16
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		847.00		847.00	.001		847.00		.66
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		.00		.00	.002		.00		.00
ALL OTHER SERVICES	4	9		.00		.00	.007		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT RE	EPOR:	FOR JAN	2002 THRU	DEC	2002	Ρž	AGE 14,722
MOP024	FEE-FOR-SERVICE/DENT	TAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 33 MED	ICALL	Y NEEDY - SOC							
							M	TNO	HLY AVERA	GE ·	

OR DAYS OF CARE

45 \$

8

16

7

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

938.41 \$ 20.85 .035 \$ 58.65 \$ .73

366.70 45.84 .006 52.39 .29

1,286 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

@OPTOMETRIST

EYE APPLIANCES	14	37		571.71		15.45	.029		40.84		. 44
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.001	\$	16.72	\$	.01
VISITS	1	1		16.72		16.72	.001		16.72		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11	18	\$	333.90	\$	18.55	.014	\$	30.35	\$	.26
MEDICINE/INJECTIONS	1	3		64.20		21.40	.002		64.20		.05
SURGERY/ANES.	2	4		35.00		8.75	.003		17.50		.03
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	11		234.70		21.34	.009		26.08		.18
@HOME HEALTH AGENCY	17	86	\$	5,752.34	\$	66.89	.067	\$	338.37	\$	4.47
NURSE ANESTHESIST	2	31	\$	514.18	\$	16.59	.024	\$	257.09	\$	.40
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	474	2,584	\$	735,091.34	\$		2.009		1550.83	\$	571.61
HOSP INPATIENT TOTAL	97	456	·	682,761.83		1497.28	.355	·	7038.78		530.92
HSC HOSPITALS	9	24		29,382.00		1224.25	.019		3264.67		22.85
NON-HSC HOSPITAL TOTAL	65	248		639,419.06		2578.30	.193		9837.22		497.22
ACCOMMODATIONS	64	248		168,266.75		678.49	.193		2629.17		130.85
ADMINISTRATIVE DAYS	1	5		806.62		161.32	.004		806.62		.63
TRANSITIONAL IP CARE	0	0		151.02		.00	.000		.00		.12
ALL OTHER ACCOM	64	243		167,309.11		688.51	.189		2614.20		130.10
ANCILLARIES	65	0		471,152.31		.00	.000		7248.50		366.37
INPATIENT CROSSOVERS	23	184		13,960.77		75.87	.143		606.99		10.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	397	2,128		52,329.51		24.59	1.655		131.81		40.69
MEDICAL	103	158		5,525.01		34.97	.123		53.64		4.30
SURGERY	45	53		2,221.99		41.92	.041		49.38		1.73
PATHOLOGY	146	609		6,635.01		10.89	.474		45.45		5.16
RADIOLOGY	100	146		14,097.09		96.56	.114		140.97		10.96
ROOM USE	186	259		10,229.62		39.50	.201		55.00		7.95
CROSSOVERS/ALL OTH OUTPTNT	236	903		13,620.79		15.08	.702		57.72		10.59
@COUNTY HOSPITAL TOTAL	1	5	\$	5,326.00	Ċ	1065.20	.004	ċ	5326.00	ċ	4.14
CO HOSPITAL INPATIENT TOTAL	1	5	Ą	5,326.00	۲	1065.20	.004	۲	5326.00	۲	4.14
HSC HOSPITALS	1	5		5,326.00		1065.20	.004		5326.00		4.14
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									.00
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	-	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	ŭ	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IRES I	MONTH-OF-PAYMENT R	EPOR	RT FOR JAN	2002 THRU	DEC	2002	PA	AGE 14,723
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES E	FOR 33 MED	OICAL	LY NEEDY - SOC						~-	
							N	1000	TLA VILDV	("" -	

----- MONTHLY AVERAGE -----1,286 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	!		PEI	R UNIT/DAY	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	473	2,579	\$	729,765.34	\$	282.96			1542.84		567.47
COMM HOSP INPATIENT TOTAL	96	451	·	677,435.83	·	1502.08	.351	·	7056.62	•	526.78
HSC HOSPITALS	8	19		24,056.00		1266.11	.015		3007.00		18.71
NON-HSC HOSPITALS TOTAL	65	248		639,419.06		2578.30	.193		9837.22		497.22
ACCOMMODATIONS	64	248		168,266.75		678.49	.193		2629.17		130.85
ADMINISTRATIVE DAYS	1	5		806.62		161.32	.004		806.62		.63
TRANSITIONAL IP CARE	0	0		151.02		.00	.000		.00		.12
ALL OTHER ACCOM	64	243		167,309.11		688.51	.189		2614.20		130.10
ANCILLARIES	65	0		471,152.31		.00	.000		7248.50		366.37
INPATIENT CROSSOVERS	23	184		13,960.77		75.87	.143		606.99		10.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	397	2,128		52,329.51		24.59	1.655		131.81		40.69
MEDICAL	103	158		5,525.01		34.97	.123		53.64		4.30
SURGERY	45	53		2,221.99		41.92	.041		49.38		1.73
PATHOLOGY	146	609		6,635.01		10.89	.474		45.45		5.16
RADIOLOGY	100	146		14,097.09		96.56	.114		140.97		10.96
ROOM USE	186	259		10,229.62		39.50	.201		55.00		7.95
CROSSOVERS/ALL OTH OUTPTNT		903		13,620.79		15.08	.702		57.72		10.59
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	81	1,872	\$	187,008.79	\$	99.90	1.456	\$		\$	145.42
LEV A-INTERMEDIATE	1	44		4,270.08		97.05	.034		4270.08		3.32
LEV B-REHAB MD	2	158		16,273.94		103.00	.123		8136.97		12.65
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 79	0		.00		.00	.000		.00		.00
LEV B-REGULAR		1,670	<b>^</b>	166,464.77	<u> </u>	99.68	1.299	<u> </u>	2107.15	<u> </u>	129.44
@INTERMEDIATE CARE FACILDD	1 1	61	\$	6,310.60	\$	103.45		Ş	6310.60 6310.60	Ş	4.91
ICF DDH	0	61 0		6,310.60		103.45	.047				4.91
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17	16	\$	11,989.02	\$	749.31	.012	ċ	705.24	ċ	9.32
HOSPITAL BASED	0	0	Ą	.00	ş	.00	.012	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	17	16		11,989.02		749.31	.012		705.24		9.32
@REHABILITATION FACILITY	1	9	\$	163.29	\$	18.14	.007	Ċ	163.29	Ċ	.13
HOSPITAL BASED	1	9	۲	163.29	٧	18.14	.007	٧	163.29	Y	.13
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	60	232	\$	4,199.31	\$	18.10	.180	Ś	69.99	\$	3.27
PATHOLOGY	60	232	Υ	4,199.31	Υ	18.10	.180	۲	69.99	Y	3.27
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	140	310	\$	24,730.93	\$	79.78	.241	Ś	176.65	Ś	19.23
CLINIC	8	30	Т	469.57	4	15.65	.023	7	58.70	-	.37
SURGICENTER	4	15		801.86		53.46	.012		200.47		.62
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	128	265				88.53	.206		183.28		18.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MO		EPOR	r for Jan 2	2002 THRU	DEC	2002	Р	AGE 14,724
MOP024	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR 33 MEDI	CALLY	NEEDY - SOC							
							M	TNO	HLY AVERA	GE	
1,286 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	122	2,801	\$	51,568.42	\$		2.178	\$	422.69	\$	40.10
DURABLE MED. EQUIP.	12	29		5,168.83		178.24	.023		430.74		4.02
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	C
MEDICAL TRANSPORTATION	48	1,775	8,849.72	4.99	1.380	184.37	6.88	3
AMBULANCES/AIR TRANS	35	343	5,331.27	15.54	.267	152.32	4.15	5
OTHER TRANS	8	1,360	3,048.44	2.24	1.058	381.06	2.37	7
OTHER SERVICES	5	72	470.01	6.53	.056	94.00	.37	7
ACUPUNCTURE	4	5	81.10	16.22	.004	20.28	.06	6
ADULT DAY HEALTH CARE CTR	1	21	1,397.34	66.54	.016	1397.34	1.09	9
GENETIC DISEASE TESTING	1	1	55.00	55.00	.001	55.00	.04	4
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	C
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	C
OPTICIAN	23	63	811.19	12.88	.049	35.27	.63	3
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	C
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	C
PROSTHETIST/ORTHOTISTS	1	3	510.88	170.29	.002	510.88	.40	C
PROSTHETICS	1	3	510.88	170.29	.002	510.88	.40	C
ORTHOTICS	0	0	.00	.00	.000	.00	.00	C
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	C
SPEECH AND AUDIOLOGY	4	11	2,507.19	227.93	.009	626.80	1.95	5
HOSPICE SERVICES	9	240	30,309.90	126.29	.187	3367.77	23.57	7
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	C
LOCAL EDUCATION AGENCIES	4	33	338.39	10.25	.026	84.60	.26	6
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	C
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	J
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	C
ALL OTHER PROVIDERS	21	620	1,538.88	2.48	.482	73.28	1.20	C
@CALIF. CHILDREN SERVICES*	36	418	\$ 492,300.06	\$ 1177.75	.325	\$ 13675.00	\$ 382.81	
@XOVER EXCLUDING STATE HOSP**	248	1,862	\$ 74,429.92	\$ 39.97	1.448	\$ 300.12	\$ 57.88	3

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,725 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

					MO	NTHLY AVERA	.GE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
8,884	387 <b>,</b> 745	\$	26,096,905.91	\$ 67.30	40.508	\$ 2937.52	\$ 2726.38
686	1,389	\$	17,632.88	\$ 12.69	.145	\$ 25.70	\$ 1.84
1	1		.00	.00	.000	.00	.00
1	1		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
2	4		82.51	20.63	.000	41.26	.01
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
2	4		82.51	20.63	.000	41.26	.01
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
	8,884	OR DAYS OF CARE 8,884 387,745	OR DAYS OF CARE 8,884 387,745 \$	OR DAYS OF CARE  8,884 387,745 \$ 26,096,905.91 686 1,389 \$ 17,632.88 1	OR DAYS OF CARE         PER UNIT/DAY           8,884         387,745         \$ 26,096,905.91         \$ 67.30           686         1,389         \$ 17,632.88         \$ 12.69           1         1         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00           0         0         .00         .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	Name         OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           8,884         387,745         \$ 26,096,905.91         \$ 67.30         40.508         \$ 2937.52           686         1,389         \$ 17,632.88         \$ 12.69         .145         \$ 25.70           1         1         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00

PRINCIPAL SURGEON	Ü	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	119.37	29.84	.000	119.37	.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	682	1,379	17,431.00	12.64	.144	25.56	1.82
@PHARMACY	6,883	64,528 \$	1,928,581.98	\$ 29.89	6.741 \$		
PRESCRIPTION DRUGS	6,864	40,126	1,901,822.70	47.40	4.192	277.07	198.69
SNF/ICF	•			48.01	4.192	280.36	192.99
- , -	6 <b>,</b> 589	38,476	1,847,313.67 54,509.03				5.69
OUTPATIENTS	377	1,650	•	33.04	.172	144.59	
MEDICAL SUPPLIES	253	24,402	26,759.28	1.10	2.549	105.77	2.80
@DENTIST	362	811 \$	35,003.44	\$ 43.16	.085 \$		·
VISITS - DIAGNOSTIC	330	654	14,169.44	21.67	.068	42.94	1.48
ORAL SURGERY	21	56	3,172.00	56.64	.006	151.05	.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	3	4	800.00	200.00	.000	266.67	.08
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.03
RESTORATIVE DENTISTRY	8	13	979.00	75.31	.001	122.38	.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	41	79	15,473.00	195.86	.008	377.39	1.62
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
IIIIOIONEO, DIBEOGNIIIONE		•					
ORTHODONTIC SERVICES	Λ	Λ	0.0	0.0	000	0.0	0.0
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	50.00	16.67	.000	25.00	.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	2 MEDI-CAL SERVIC	3 CES AND EXPENDITURES 1	50.00	16.67	.000	25.00	.01 PAGE 14,726
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	2 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITURES 1 C/DENTAL	50.00 MONTH-OF-PAYMENT RE	16.67 EPORT FOR JAN	.000 2002 THRU DE	25.00	.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	2 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITURES 1	50.00 MONTH-OF-PAYMENT RE	16.67	.000 2002 THRU DE ODE	25.00 C 2002	.01 PAGE 14,726 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	3 CES AND EXPENDITURES DEPOSITE TO THE PROPERTY OF THE PROPERT	50.00 MONTH-OF-PAYMENT RE NG - AGED	16.67 PORT FOR JAN :	.000 2002 THRU DE DDE MON	25.00 C 2002 THLY AVERA	.01 PAGE 14,726 01/17/03 GE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	2 MEDI-CAL SERVICE FEE-FOR-SERVICE	3 CES AND EXPENDITURES DEPOSITE OF SERVICE  UNITS OF SERVICE	50.00 MONTH-OF-PAYMENT RE	16.67 PORT FOR JAN : AID CO AVERAGE COST	.000 2002 THRU DE DDE MON UNITS/DAYS	25.00 C 2002 THLY AVERA COST PER	.01 PAGE 14,726 01/17/03 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	3 CES AND EXPENDITURES DEPOSITION OF SERVICE OR DAYS OF CARE	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES	16.67 PORT FOR JAN : AID CO  AVERAGE COST PER UNIT/DAY	.000 2002 THRU DE DDE MON UNITS/DAYS PER ELIG	25.00 C 2002 THLY AVERA COST PER USER	.01 PAGE 14,726 01/17/03 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 90	3 EES AND EXPENDITURES DE COMMENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57	16.67 PORT FOR JAN AID CO AVERAGE COST PER UNIT/DAY \$ 17.39	.000 2002 THRU DE  DDE  MON UNITS/DAYS PER ELIG .027 \$	25.00 C 2002 THLY AVERA COST PER USER 49.45	.01 PAGE 14,726 01/17/03 GE COST PER ELIGIBLE \$ .46
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13	3 ZES AND EXPENDITURES 1 Z/DENTAL ZICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13	50.00 MONTH-OF-PAYMENT RE  NG - AGED  EXPENDITURES  4,450.57 616.85	16.67 PORT FOR JAN AID CO AVERAGE COST PER UNIT/DAY \$ 17.39 47.45	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45	.01 PAGE 14,726 01/17/03 GE COST PER ELIGIBLE \$ .46 .06
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13 80	3 EES AND EXPENDITURES 1 E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225	50.00 MONTH-OF-PAYMENT RE  NG - AGED  EXPENDITURES  4,450.57 616.85 3,769.49	16.67 PORT FOR JAN AID CO AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75	.000 2002 THRU DE DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12	.01 PAGE 14,726 01/17/03 GE COST PER ELIGIBLE \$ .46 .06 .39
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13 80 7	3 ZES AND EXPENDITURES 1 Z/DENTAL ZICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57 616.85 3,769.49 64.23	16.67 PORT FOR JAN AID CO AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18	.01 PAGE 14,726 01/17/03 GE COST PER ELIGIBLE \$ .46 .06 .39 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13 80 7 0	3 EES AND EXPENDITURES 1 E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57 616.85 3,769.49 64.23 .00	16.67 PORT FOR JAN : AID CO AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00	.000 2002 THRU DE DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00	.01 PAGE 14,726 01/17/03 GE COST PER ELIGIBLE \$ .46 .06 .39 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13 80 7 0 0	3 ZES AND EXPENDITURES 1 Z/DENTAL ZICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57 616.85 3,769.49 64.23	16.67 PORT FOR JAN AID CO AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57	.000 2002 THRU DE DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18	.01 PAGE 14,726 01/17/03 GE COST PER ELIGIBLE \$ .46 .06 .39 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13 80 7 0 0 0	3 EES AND EXPENDITURES 1 E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57 616.85 3,769.49 64.23 .00	16.67 PORT FOR JAN : AID CO AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00	.000 2002 THRU DE DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13 80 7 0 0	3 EES AND EXPENDITURES 1 E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57 616.85 3,769.49 64.23 .00 .00	16.67 PORT FOR JAN :  AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00	.000 2002 THRU DE DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13 80 7 0 0 0	3 ZES AND EXPENDITURES 1 Z/DENTAL ZICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 0	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57 616.85 3,769.49 64.23 .00 .00 .00	16.67 PORT FOR JAN :  AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$ .000 .000	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.12 9.18 .00 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  90 13 80 7 0 0 0 828	3 EES AND EXPENDITURES 1 E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 1,948 \$	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57 616.85 3,769.49 64.23 .00 .00 .00 .00 8,564.22	16.67 PORT FOR JAN  AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00 \$ 4.40	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 .000 .000 .204 \$	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00 \$ .89
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  90 13 80 7 0 0 0 828 0	3 ZES AND EXPENDITURES 1 Z/DENTAL ZICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 1,948 \$ 0	50.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 4,450.57 616.85 3,769.49 64.23 .00 .00 .00 .00 8,564.22 .00	16.67 PORT FOR JAN AID CO AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00 \$ 4.40 .00	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$ .000 .000 .204 \$ .000 .000	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 \$ .00 \$ .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  90 13 80 7 0 0 0 828 0 0 0	3 CES AND EXPENDITURES DE JOENTAL VICES FOR 34 MN - LTE UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 1,948 \$ 0 0 0	50.00 MONTH-OF-PAYMENT RE  NG - AGED  EXPENDITURES  4,450.57 616.85 3,769.49 64.23 .00 .00 .00 .00 8,564.22 .00 .00 .00 .00	16.67 EPORT FOR JAN :  AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00 \$ 4.40 .00 .00 .00 .00	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$ .000 .000 .204 \$ .000 .000 .000 .000	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00 .00 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  90 13 80 7 0 0 0 828 0 0 0 828	3 CES AND EXPENDITURES DE JOENTAL VICES FOR 34 MN - LTE UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 1,948 \$ 0 1,948	50.00 MONTH-OF-PAYMENT RE  NG - AGED  EXPENDITURES  4,450.57 616.85 3,769.49 64.23 .00 .00 .00 .00 8,564.22 .00 .00 .00 .00 .00 .00 8,564.22	16.67 EPORT FOR JAN :  AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00 \$ 4.40 .00 .00 4.40	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$ .000 .000 .204 \$ .000 .000 .204	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00 .00 .00 .00 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00 .00 .00 .00 .00 .89
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  90 13 80 7 0 0 0 828 0 0 828 0	3 CES AND EXPENDITURES DE JOENTAL VICES FOR 34 MN - LTE UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 1,948 \$ 0 1,948 0 \$	50.00 MONTH-OF-PAYMENT RE  NG - AGED  EXPENDITURES  4,450.57 616.85 3,769.49 64.23 .00 .00 .00 .00 .00 8,564.22 .00 .00 .00 .00 .00 .00 .00 .00	16.67 EPORT FOR JAN :  AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00 \$ 4.40 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$ .000 .000 .000 .000 .000 .000 .0	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00 .00 .00 .00 .00 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00 .00 .00 .00 .89 .00 .89 \$ .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  90 13 80 7 0 0 0 828 0 0 828 0 0	3 CES AND EXPENDITURES DE JOENTAL VICES FOR 34 MN - LTE UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 1,948 \$ 0 1,948 0 \$ 0 1,948 0 \$ 0 5	50.00 MONTH-OF-PAYMENT RE  NG - AGED  EXPENDITURES  4,450.57 616.85 3,769.49 64.23 .00 .00 .00 .00 8,564.22 .00 .00 .00 8,564.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	16.67 PORT FOR JAN AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00 \$ 4.40 .00 .00 4.40 \$ .00 \$ .00 \$ .00	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$ .000 .000 .204 \$ .000 .000 .204 \$ .000 .204 .000 .000 .204 .000 .000 .000	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00 .00 .00 .00 .00 .00	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00 .00 .00 .00 .00 .89 .00 .89 .00 .00 .89 .00 .00 .89 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  90 13 80 7 0 0 0 828 0 0 0 828 0 0 0 0 0 0 0 0 0 0	3 CES AND EXPENDITURES DE JOENTAL VICES FOR 34 MN - LTE UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 1,948 \$ 0 1,948 0 \$ 0 1,948 0 \$ 0 5 0 \$ 0 5 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	50.00 MONTH-OF-PAYMENT RE NG - AGED  EXPENDITURES  4,450.57 616.85 3,769.49 64.23 .00 .00 .00 8,564.22 .00 .00 8,564.22 .00 .00 8,564.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	16.67 PORT FOR JAN  AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00 \$ 4.40 .00 .00 4.40 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$ .000 .204 \$ .000 .204 \$ .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .000 .204 .204	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  9,572 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER ### FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	2 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  90 13 80 7 0 0 0 828 0 0 0 828 0 0 0 277	3 EES AND EXPENDITURES DE JOENTAL VICES FOR 34 MN - LT:  UNITS OF SERVICE OR DAYS OF CARE 256 \$ 13 225 18 0 \$ 0 1,948 \$ 0 1,948 0 \$ 0 1,948 0 \$ 0 1,948 0 \$ 0 5 0 \$ 1,948 0 \$ 0 \$ 1,948 0 \$ 0 \$ 1,948 0 \$ 0 \$ 1,948 0 \$ 0 \$ 1,948 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	50.00 MONTH-OF-PAYMENT RE  NG - AGED  EXPENDITURES  4,450.57 616.85 3,769.49 64.23 .00 .00 .00 .00 8,564.22 .00 .00 .00 8,564.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	16.67 PORT FOR JAN :  AID CO  AVERAGE COST PER UNIT/DAY \$ 17.39 47.45 16.75 3.57 \$ .00 .00 .00 \$ .00 \$ 4.40 .00 .00 4.40 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	.000 2002 THRU DE  DDE MON UNITS/DAYS PER ELIG .027 \$ .001 .024 .002 .000 \$ .000 .204 \$ .000 .000 .204 .000 .204 .000 .000 .204 .000 .000	25.00 C 2002 THLY AVERA COST PER USER 49.45 47.45 47.12 9.18 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.01 PAGE 14,726 01/17/03  GE COST PER ELIGIBLE \$ .46 .06 .39 .01 \$ .00 .00 .00 .00 .00 .00 .00 \$ .89 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
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OUTPATIENT SURGERY

PRINCIPAL SURGEON

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NON HER HORDINAL MOMAI	0	0	246.24CR	0.0	000	0.0	0300
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	0	0	240.24CR 243.69CR	.00	.000	.00	.03CR
	0	0		.00		.00	.03CR
ADMINISTRATIVE DAYS	0	0	243.69CR	.00	.000	.00	.03CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	2.55CR	.00	.000	.00	.00
INPATIENT CROSSOVERS	81	621	76 <b>,</b> 461.70	123.13	.065	943.97	7.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	213	659	12,375.41	18.78	.069	58.10	1.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	66.37	66.37	.000	66.37	.01
PATHOLOGY	4	10	110.50	11.05	.001	27.63	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	245.09	61.27	.000	122.55	.03
CROSSOVERS/ALL OTH OUTPTNT	209	644	11,953.45	18.56	.067	57.19	1.25
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,727 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

SONOMA COUNTY	SUMMARY OF SERVIC	ES FOR 34 MN -	LING	- AGED		AID C				~-	
0 570 51 50 51 50					3.7.777				HLY AVERA		
9,572 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
COMMINERY HOODIEST HORST		OR DAYS OF CARE	Ċ	00 500 07			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	277	,	\$	88,590.87	\$	69.21	.134	Þ		\$	9.26
COMM HOSP INPATIENT TOTAL	81 0	621 0		76,215.46		122.73	.065		940.93		7.96 .00
HSC HOSPITALS	0	0		.00 246.24CI	n	.00	.000		.00		.00 .03CR
NON-HSC HOSPITALS TOTAL	0	0				.00			.00		.03CR
ACCOMMODATIONS	0	0		243.69CI 243.69CI		.00	.000		.00		.03CR
ADMINISTRATIVE DAYS	0	0		.00	K	.00	.000		.00		.03CR
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		2.55CI	D	.00	.000		.00		.00
	81	621		76,461.70	K	123.13	.065		943.97		7.99
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	021		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	213	659		12,375.41		18.78	.069		58.10		1.29
	213	000		•		.00	.009		.00		.00
MEDICAL	1	1		.00 66.37		66.37	.000		66.37		.00
SURGERY	1	10		110.50		11.05	.000		27.63		.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	4		245.09		61.27	.000		122.55		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT		644		11,953.45		18.56	.067		57.19		1.25
@STATE HOSPITAL	36		\$	471,802.47	\$	431.66		ċ	13105.62	ċ	49.29
MENTALLY ILL	0	1,093	Ş	•	Ą	.00	.000	Ą	.00	ş	.00
DEVELOP. DISABLED	36	•		.00 471,802.47		431.66	.114		13105.62		49.29
@NURSING FACILITY	7 <b>,</b> 691	1,093 249,491	ċ	22,541,593.69	Ś	90.35	26.065	\$	2930.91	Ś	2354.95
LEV A-INTERMEDIATE	7,691	249,491	Ş	.00	Ą	.00	.000	Ą	.00	ş	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	12	720		72,166.30		100.23	.075		6013.86		7.54
LEV B REHAB MD  LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B SOBACOTE PREESTANDING LEV B-SUBACUTE HSPTL BASED	8	298		124,150.58		416.61	.031		15518.82		12.97
LEV B-SUBACUIE HSFIL BASED LEV B-TRANSITIONAL IP CARE	0	290		.00		.00	.000		.00		.00
LEV B-REGULAR	7 <b>,</b> 676 58	248,473		22,345,276.81		89.93	25.958		2911.06		2334.44
@INTERMEDIATE CARE FACILDD	7 <b>,</b> 070	•	\$	262,797.40	\$	140.31		Ġ	4530.99	\$	27.45
ICF DDH	49	1,571	Y	213,485.75	Y	135.89	.164	Y	4356.85	٧	22.30
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	49 0 9 13 0	302		49,311.65		163.28	.032		5479.07		5.15
@HEMODIALYSIS TOTAL	13		\$	7,901.14	\$	395.06	.002	Ś	607.78	\$	.83
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	7	.00	۲	.00
HEMODIALYSIS CENTER	13	20		7,901.14		395.06	.002		607.78		.83
@REHABILITATION FACILITY	0		Ś	.00	\$	.00	.000	Ś	.00	\$	.00
HOSPITAL BASED	0	0	т	.00	Τ	.00	.000	τ	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10		\$	162.53	\$	9.03		\$	16.25	\$	.02
PATHOLOGY	4	10	т	105.51	Τ	10.55	.001	Τ.	26.38	т	.01
XO AND OTHERS	6	8		57.02		7.13	.001		9.50		.01
@ORGANIZED OUTPATIENT CLINIC	139	201	Ś	5,608.98	\$	27.91	.021	Ś	40.35	\$	.59
CLINIC	0	0	т	.00	т.	.00	.000	-	.00	7	.00
SURGICENTER	2	3		437.77		145.92	.000		218.89		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	137	198		5,171.21		26.12	.021		37.75		.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		S MON	•	EPORT			DEC		P	AGE 14,728
MOP024	FEE-FOR-SERVICE/D							0		-	01/17/03
SONOMA COUNTY	SUMMARY OF SERVIC		LTNG	- AGED		AID C	ODE				. ,,
		-	-								

						MC	NTHLY AVERA	4GE	
9,572 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,295	64,837	\$	724,215.74	\$ 11.17	6.774	\$ 559.24	\$	75.66
DURABLE MED. EQUIP.	184	1,143		171,448.20	150.00	.119	931.78		17.91
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	25	35		4,657.02	133.06	.004	186.28		.49
MEDICAL TRANSPORTATION	565	12,893		64,112.02	4.97	1.347	113.47		6.70
AMBULANCES/AIR TRANS	29	285		3,956.70	13.88	.030	136.44		.41
OTHER TRANS	377	11,107		45,959.88	4.14	1.160	121.91		4.80
OTHER SERVICES	194	1,501		14,195.44	9.46	.157	73.17		1.48
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03		.00
ADULT DAY HEALTH CARE CTR	12	143		9,535.52	66.68	.015	794.63		1.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	90	198		2,563.37	12.95	.021	28.48		.27
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	26	41		64.26	1.57	.004	2.47		.01
PROSTHETIST/ORTHOTISTS	2	6		46.71	7.79	.001	23.36		.00
PROSTHETICS	2	6		46.71	7.79	.001	23.36		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	72	92		813.11	8.84	.010	11.29		.08
SPEECH AND AUDIOLOGY	63	166		7,509.18	45.24	.017	119.19		.78
HOSPICE SERVICES	175	4,915		444,472.93	90.43	.513	2539.85		46.43
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	171	45,204		18,966.39	.42	4.723	110.91		1.98
@CALIF. CHILDREN SERVICES*	1	1	\$	245.16	\$ 245.16	.000	\$ 245.16	\$	.03
@XOVER EXCLUDING STATE HOSP**	2,499	63 <b>,</b> 334	\$	405,213.55	\$ 6.40	6.617	\$ 162.15	\$	42.33
0* TOTALS IN THESE LINES ARE GIVE	VEN AS A SEPAR	RATE INFORMATION I	TEM (	ONLY;					
THE AMOUNTS ARE ALREADY INCLU	JDED IN THE A	PPROPRIATE DETAIL	LINE	S ABOVE.					
** THESE DATA ARE INCLUDED IN !	THE APPROPRIAT	TE DETAIL LINES AB	BOVE.						
#CALTE DEPT OF HEALTH SERV MI	EDI-CAL SERVIC	TES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	MAT. SOR TROPS	2002 THRII C	EC 2002	P	AGE 14 729

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,729
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

						MO	NTHLY AVERA	GE	
115 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	49	17,021	\$	162,976.74	\$ 9.58	148.009	\$ 3326.06	\$	1417.19
@PHYSICIANS SERVICES	1	8	\$	24.80	\$ 3.10	.070	\$ 24.80	\$	.22
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00

	_	_						
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	8		24.80	3.10	.070	24.80	.22
@PHARMACY	28	116	\$	5,186.81	\$ 44.71	1.009	\$ 185.24	\$ 45.10
PRESCRIPTION DRUGS	28	116		5,186.81	44.71	1.009	185.24	45.10
SNF/ICF	16	61		4,023.76	65.96	.530	251.49	34.99
OUTPATIENTS	12	55		1,163.05	21.15	.478	96.92	10.11
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	3	\$	53.00	\$ 17.67	.026	\$ 26.50	\$ .46
VISITS - DIAGNOSTIC	2	3		53.00	17.67	.026	26.50	.46
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	JRES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 14,730
MOP024	FEE-FOR-SERVICE/	DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR 35 MN	- LTNG	- BLIND	AID	CODE		
						MO	NTHLY AVERA	.GE
115 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1	3	\$	42.85	\$ 14.28	.026	\$ 42.85	\$ .37

.00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 42.85 .026 42.85 EYE APPLIANCES 14.28 .37 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ .00 \$ .00 0 .00 .00 .000 .00 .00 VISITS .00 OTHER SERVICES 0 .00 .000 .00 .00 10 32.85 3.29 .29 @PODIATRIST .087 \$ 8.21 \$ MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 10 32.85 3.29 .087 8.21 .29 OTHER \$ 0 0 \$ .00 .000 \$ .00 \$ @HOME HEALTH AGENCY .00 .00 .00 .000 \$ NURSE ANESTHESIST \$ .00 .00 \$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7	16	\$	1,422.19	\$	88.89	.139		203.17		12.37
HOSP INPATIENT TOTAL	1	6	·	812.00	·	135.33	.052	·	812.00	•	7.06
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	6		812.00		135.33	.052		812.00		7.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	10		610.19		61.02	.087		101.70		5.31
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	6	10		610.19		61.02	.087		101.70		5.31
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND EX	KPENDITU	IKES M	ONTH-OF-PAYMENT R	EPOR'	i for jan 20	002 THRU	DEC	2002	PĀC	GE 14,731
MOP024	FEE-FOR-SERVICE/DENTAL	25 16-				3.TD 000	-				01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	35 MN	- LIN	G - BLIND		AID COD		_ N.T.		C.T.	
						_	M	ON'I'	HLY AVERA	GE:	

MONTHLY AVERAGE 115 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 16 \$ 1,422.19 \$ 88.89 .139 \$ 203.17 \$ 12.37 COMM HOSP INPATIENT TOTAL 1 6 812.00 135.33 .052 812.00 7.06 0 0 .00 .00 .00 HSC HOSPITALS .00 .000 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM 0 0 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS 812.00 135.33 .052 812.00 7.06 .00 ALL OTHER INPATIENT .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	6	10	610.19	61.02	.087	101.70	5.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	10	610.19	61.02	.087	101.70	5.31
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	18	613	\$ 57,021.78	\$ 93.02	5.330	\$ 3167.88	\$ 495.84
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	18	613	57,021.78	93.02	5.330	3167.88	495.84
@INTERMEDIATE CARE FACILDD	12	344	\$ 94,068.72	\$ 273.46	2.991	\$ 7839.06	\$ 817.99
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	344	94,068.72	273.46	2.991	7839.06	817.99
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$ 174.20	\$ 19.36	.078	\$ 24.89	\$ 1.51
CLINIC	0	0	.00	.00	.000	.00	.00

.00 0 0 .00 .000 .00 .00 SURGICENTER .00 .00 .000 .00 174.20 19.36 .078 24.89 .00 HEROIN DETOX CLINIC 0 .00 9 7 1.51 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,732 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

						MC	NTHLY AVERA	GE
115 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21	15 <b>,</b> 899	\$	4,949.54	\$ .31	138.252	\$ 235.69	\$ 43.04
DURABLE MED. EQUIP.	2	3		430.66	143.55	.026	215.33	3.74
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	18		120.40	6.69	.157	60.20	1.05
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	18		120.40	6.69	.157	60.20	1.05
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		21.99	11.00	.017	21.99	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		38.99	38.99	.009	38.99	.34
SPEECH AND AUDIOLOGY	1	1		449.41	449.41	.009	449.41	3.91
HOSPICE SERVICES	1	1		107.28	107.28	.009	107.28	.93
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	68		705.64	10.38	.591	141.13	6.14
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	15 <b>,</b> 805		3,075.17	.19	137.435	279.56	26.74
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00		\$ .00	•
@XOVER EXCLUDING STATE HOSP**		1,434	\$	2,176.60	\$ 1.52	12.470	\$ 114.56	\$ 18.93
A* TOTATO IN TUROR ITHEO ADD	CIVEN AS A SEDA	DATE THEODMATION	TTEM ON	IT V •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,733 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

						MO	NTHLY AVERA	GE
9,440 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,257	766,401	\$	114,896,853.51	\$ 149.92	81.187	\$ 11201.80	\$ 12171.28
@PHYSICIANS SERVICES	584	2,716	\$	47,146.74	\$ 17.36	.288	\$ 80.73	\$ 4.99
OUTPATIENT VISITS	32	42		2 <b>,</b> 111.92	50.28	.004	66.00	.22
OFFICE VISITS	25	30		1,229.50	40.98	.003	49.18	.13
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	7	11		836.66	76.06	.001	119.52	.09
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1	45.76		45.76	.000	45.76	.00
INPATIENT VISITS	73	628	20,868.76		33.23	.067	285.87	2.21
HOSPITAL VISITS	13	60	2,727.35	,	45.46	.006	209.80	.29
CRITICAL CARE	4	10	1,016.98	}	101.70	.001	254.25	.11
SNF/ICF/TRANS IP CARE	61	558	17,124.43	}	30.69	.059	280.73	1.81
OPHTHALMOLOGICAL SERVICES	8	9	362.34		40.26	.001	45.29	.04
EXAMINATIONS	8	9	362.34		40.26	.001	45.29	.04
SERVICES AND MATERIALS	0	0	.00	)	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	20	3,023.65		151.18	.002	1007.88	.32
PRINCIPAL SURGEON	2	3	2,108.70		702.90	.000	1054.35	.22
ASSISTANT SURGEON	1	9 9 0 20 3 1	387.19		387.19	.000	387.19	.04
ANESTHESIOLOGIST	2	16	527.76		32.99	.002	263.88	.06
OUTPATIENT SURGERY	46	203	6,589.96		32.46	.022	143.26	.70
PRINCIPAL SURGEON	6	9	1,340.94		148.99	.001	223.49	.14
ASSISTANT SURGEON	0	0	.00.0		.00	.000	.00	.00
ANESTHESIOLOGIST	40	194	5,249.02		27.06	.021	131.23	.56
		0			.00	.000	.00	.00
DIALYSIS	0 15	88	.00					
	15 25		218.10		2.48	.009	14.54	.02
RADIOLOGY	25	58	1,942.86		33.50	.006	77.71	.21
PSYCHIATRY	0	58 0 1 1,667	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76		13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	442	1,667	12,015.39		7.21	.177	27.18	1.27
@PHARMACY	2,016	44,188 \$	1,034,441.72		23.41	4.681		
PRESCRIPTION DRUGS	2,012 1,333	12,982	1,012,301.08		77.98	1.375	503.13	107.24
SNF/ICF	1,333	9,355	797,000.07		85.20	.991	597.90	84.43
OUTPATIENTS	773	3 <b>,</b> 627	215,301.01		59.36	.384	278.53	22.81
MEDICAL SUPPLIES	157	31,206	22,140.64		.71	3.306	141.02	2.35
@DENTIST	773 157 264	1,339 \$	49,150.75		36.71	.142		\$ 5.21
VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS	223	962	13,613.75	,	14.15	.102	61.05	1.44
ORAL SURGERY	43	96	4,069.00	)	42.39	.010	94.63	.43
DRUGS	0	0	.00	)	.00	.000	.00	.00
ANESTHESIA	0	0	.00	)	.00	.000	.00	.00
PERIODONTICS	56	107	18,500.00	)	172.90	.011	330.36	1.96
ENDODONTICS	10	16	3,115.00		194.69	.002	311.50	.33
RESTORATIVE DENTISTRY	10 52	112	5,929.00		52.94	.012	114.02	.63
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	11	45	3,924.00		87.20	.005	356.73	.42
SPACE MAINTAINERS	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0 0 0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES						PAGE 14,734
MOP024	FEE-FOR-SERVICE		MONTH-OF-FAIMENT	KEFUK.	I FOR JAN 2	.002 IRKO D	EC 2002	01/17/03
			MC DIGABIED		3 TD 00	DE.		01/1//03
SONOMA COUNTY	SUMMARY OF SERV	/ICES FOR 36 MN - LT	ING - DISABLED		AID CC		NIMII	O.D.
0 440 ELICIDIES	HOEDO	INTER OF CEDITOR	EVDENDIBLIDE	7.77	TDACE COCE		NTHLY AVERA	-
9,440 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST			COST PER
0.0000000000000000000000000000000000000	1.4.4	OR DAYS OF CARE	E 01E 46		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	144	414 \$	7,017.49		16.95	.044		•
DIAGNOSTIC AND ANC. PROCED	28	28	1,303.74		46.56	.003	46.56	.14
EYE APPLIANCES	135	379	5,695.36		15.03	.040	42.19	.60
OTHER OPTOMETRIC SERVICES	3	7	18.39		2.63	.001	6.13	.00
@CHIROPRACTOR	0	0 \$	.00		.00	.000		
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	145	303 \$	1,777.95	\$	5.87	.032	\$ 12.26	\$ .19

MEDICINE/INJECTIONS	2	2	72.40	36.20	.000	36.20	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	143	301	1,705.55	5.67	.032	11.93	.18
@HOME HEALTH AGENCY	1	1 \$	74.86	\$ 74.86	.000 \$		\$ .01
NURSE ANESTHESIST	1	29 \$	56.03	\$ 1.93	.003 \$		\$ .01
	0	0 \$		•			\$ .00
NURSE MIDWIFE	-		.00	\$ .00	.000 \$		•
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	3	4 \$	64.51	\$ 16.13	.000 \$		
@TOTAL HOSPITAL	574	2,113 \$	214,367.60	\$ 101.45	.224 \$		
HOSP INPATIENT TOTAL	58	593	165,946.40	279.84	.063	2861.14	17.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	9	64	105,865.74	1654.15	.007	11762.86	11.21
ACCOMMODATIONS	9	64	41,606.91	650.11	.007	4622.99	4.41
ADMINISTRATIVE DAYS	1	13	2,705.31	208.10	.001	2705.31	.29
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	51	38,901.60	762.78	.005	4862.70	4.12
ANCILLARIES	9	0	64,258.83	.00	.000	7139.87	6.81
INPATIENT CROSSOVERS	49	529	60,080.66	113.57	.056	1226.14	6.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	530	1,520	48,421.20	31.86	.161	91.36	5.13
MEDICAL	25	31	1,005.12	32.42	.003	40.20	.11
SURGERY	51	51	3,248.66	63.70	.005	63.70	.34
PATHOLOGY	53	136	1,459.38	10.73	.014	27.54	.15
RADIOLOGY	13	15	1,635.60	109.04	.002	125.82	.17
ROOM USE	71	184	10,839.73	58.91	.019	152.67	1.15
CROSSOVERS/ALL OTH OUTPTNT	474	1,103	30,232.71	27.41	.117	63.78	3.20
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	-	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	ITH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,735
MOP024	FEE-FOR-SERVICE						01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 36 MN - LTNG	- DISABLED	AID CO			
					MON	THLY AVERA	GE
9,440 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	574	2 <b>,</b> 113 \$	214,367.60	\$ 101.45	.224 \$	373.46	\$ 22.71
COMM HOSP INPATIENT TOTAL	58	593	165,946.40	279.84	.063	2861.14	17.58
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	9	64	105,865.74	1654.15		11762.86	11.21
ACCOMMODATIONS	9	64	41,606.91	650.11	.007	4622.99	4.41
	-	* -	,			. =	

ADMINISTRATIVE DAYS	1	13		2,705.31		208.10	.001		2705.31		.29
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	51		38,901.60		762.78	.005		4862.70		4.12
ANCILLARIES	9	0		64,258.83		.00	.000		7139.87		6.81
INPATIENT CROSSOVERS	49	529		60,080.66		113.57	.056		1226.14		6.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	530	1,520		48,421.20		31.86	.161		91.36		5.13
MEDICAL	25	31		1,005.12		32.42	.003		40.20		.11
SURGERY	51	51		3,248.66		63.70	.005		63.70		.34
PATHOLOGY	53	136		1,459.38		10.73	.014		27.54		.15
RADIOLOGY	13	15		1,635.60		109.04	.002		125.82		.17
ROOM USE	71	184		10,839.73		109.04 58.91	.019		152.67		1.15
CROSSOVERS/ALL OTH OUTPTNT		1,103		30,232.71		27.41	.117		63.78		3.20
@STATE HOSPITAL	7,840	246,552	Ċ	105,628,702.64				Ċ	13473.05	Ċ	
MENTALLY ILL	0	240,332	Y			.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	7,840	246,552	Ċ				26.118		13473.05		11189.48
@NURSING FACILITY	963	31,470	Þ	3,535,918.99	Ş			Þ	3671.77	Ş	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	254	9,542		971,224.40		101.78	1.011		3823.72		102.88
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	28	991		487,237.02		491.66	.105		17401.32		51.61
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	682 911 726	20,937					2.218		3046.13		220.07
@INTERMEDIATE CARE FACILDD	911	28 <b>,</b> 709	\$	3,902,765.41	\$	135.94		\$	4284.05	\$	
ICF DDH	726	22 <b>,</b> 882		2,947,761.08		128.82	2.424		4060.28		312.26
ICF DD	0 186	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	186	5 <b>,</b> 827		.00 955,004.33		163.89	.617				101.17
@HEMODIALYSIS TOTAL	20	21	\$			637.67	.002	\$	669.55	\$	1.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	21		13,391.08		637.67	.002		669.55		1.42
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0	\$		\$		.000	\$		\$	.00
HOSPITAL BASED	0	0		.00	·	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	97	261	Ś	3 075 02	Ś	11.78	.028			Ś	.33
PATHOLOGY	89	235	Y	3,075.02 2,881.82	Y	12.26	.025	۲	32.38	7	.31
XO AND OTHERS	8	26		193.20		7.43	.003				.02
@ORGANIZED OUTPATIENT CLINIC	46	61	Ċ	3,337.88	Ċ	54.72	.005			Ċ	.35
	0	0	Ą	.00	Ą	.00	.000	ې	.00	۲	.00
CLINIC SURGICENTER	1	1		206.50		206.50	.000		206.50		.02
	0	0					.000				
HEROIN DETOX CLINIC	45	60		.00		.00			.00		.00
RURAL HEALTH CLINIC				3,131.38		52.19	.006		69.59	_	.33
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT R	EPORT	' FOR JAN 2	2002 THRU	DEC	2 2002	Ŀ	PAGE 14,736
MOP024	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 36 MN	- LTN	NG - DISABLED		AID CO					
									THLY AVERA	GE	
9,440 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,685	408,220	\$	455,564.84	\$	1.12	43.244	\$	270.36	\$	48.26
DURABLE MED. EQUIP.	188	1,031		210,018.57		203.70	.109		1117.12		22.25
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	10	12		1,728.81		144.07	.001		172.88		.18
MEDICAL TRANSPORTATION	189	6 <b>,</b> 383		34,357.82		5.38	.676		181.79		3.64
AMBULANCES/AIR TRANS	13	130		2,517.33		19.36	.014		193.64		.27
OTHER TRANS	82	5,346		24,620.88		4.61	.566		300.25		2.61
OTHER SERVICES	101	907		7,219.61		7.96	.096		71.48		.76
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	-	-									

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	143	296	3,321.83	11.22	.031	23.23	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	10	149.26	14.93	.001	29.85	.02
PROSTHETIST/ORTHOTISTS	9	19	432.11	22.74	.002	48.01	.05
PROSTHETICS	9	19	432.11	22.74	.002	48.01	.05
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	9	14	187.82	13.42	.001	20.87	.02
SPEECH AND AUDIOLOGY	280	947	41,082.45	43.38	.100	146.72	4.35
HOSPICE SERVICES	18	433	41,177.30	95.10	.046	2287.63	4.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	966	399 <b>,</b> 075	123,108.87	.31	42.275	127.44	13.04
@CALIF. CHILDREN SERVICES*	1	1	\$ 64.00	\$ 64.00	.000	\$ 64.00	\$ .01
@XOVER EXCLUDING STATE HOSP**	1,942	401,792	\$ 280,006.17	\$ .70	42.563	\$ 144.18	\$ 29.66

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 14,737
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	.00	\$	.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	_	.00	.00	.000	.00	_	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000 \$		\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	ċ	.00	.00	.000	.00	ċ	.00
@DENTIST	0	0	\$	.00	\$ .00 .00	.000 \$	.00	\$	.00
VISITS - DIAGNOSTIC ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PA	AGE 14,738
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 37 MN	- LTNG	- FAMILIES	DISCONT	ΓIN			
						MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

									_	
EYE APPLIANCES	0	0		.00		00	.000	.0		.00
OTHER OPTOMETRIC SERVICES	0	0	_	.00		00	.000	.0		.00
@CHIROPRACTOR	0	0	\$	.00		00	.000	\$ .0		
VISITS	0	0		.00		00	.000	.0		.00
OTHER SERVICES	0	0		.00		00	.000	.0		.00
@PODIATRIST	0	0	\$	.00	\$.	00	.000	\$ .0	0 \$	.00
MEDICINE/INJECTIONS	0	0		.00		00	.000	.0	0	.00
SURGERY/ANES.	0	0		.00		00	.000	.0	0	.00
RADIO./PATHOLOGY	0	0		.00		00	.000	.0	0	.00
OTHER	0	0		.00		00	.000	.0	0	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.	00	.000	\$ .0	0 \$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$.	00	.000	\$ .0	0 \$	.00
NURSE MIDWIFE	0	0	\$	.00	\$.	00	.000	\$ .0	0 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00		00	.000	\$ .0		
FAMILY NURSE PRACTITIONER	0	0	\$	.00		00	.000	\$ .0		
@TOTAL HOSPITAL	0	0	\$	.00		00	.000	\$ .0		
HOSP INPATIENT TOTAL	0	0	т	.00		00	.000	.0		.00
HSC HOSPITALS	0	0		.00		00	.000	.0		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		00	.000	.0		.00
ACCOMMODATIONS	0	0		.00		00	.000	.0		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		00	.000	.0		.00
TRANSITIONAL IP CARE	0	0		.00		00	.000	.0		.00
ALL OTHER ACCOM	0	0		.00		00	.000	.0		.00
	0	0						.0		.00
ANCILLARIES	0	0		.00		00	.000			
INPATIENT CROSSOVERS	0	0		.00		00	.000	.0		.00
ALL OTHER INPATIENT		0		.00		00	.000	.0		.00
HOSP OUTPATIENT TOTAL	0	U		.00		00	.000	.0		.00
MEDICAL	0	0		.00		00	.000	.0		.00
SURGERY	0	0		.00		00	.000	.0		.00
PATHOLOGY	0	0		.00		00	.000	.0		.00
RADIOLOGY	0	0		.00		00	.000	.0		.00
ROOM USE	0	0		.00		00	.000	.0		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	•	00	.000	.0	0	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.	00	.000	\$ .0		
CO HOSPITAL INPATIENT TOTAL	0	0		.00	•	00	.000	.0		.00
HSC HOSPITALS	0	0		.00		00	.000	.0	0	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		00	.000	.0	0	.00
ACCOMMODATIONS	0	0		.00		00	.000	.0	0	.00
ADMINISTRATIVE DAYS	0	0		.00		00	.000	.0	0	.00
TRANSITIONAL IP CARE	0	0		.00		00	.000	.0	0	.00
ALL OTHER ACCOM	0	0		.00		00	.000	.0	0	.00
ANCILLARIES	0	0		.00		00	.000	.0	0	.00
INPATIENT CROSSOVERS	0	0		.00		00	.000	.0	0	.00
ALL OTHER INPATIENT	0	0		.00		00	.000	.0	0	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		00	.000	.0	0	.00
MEDICAL	0	0		.00		00	.000	.0	0	.00
SURGERY	0	0		.00		00	.000	.0		.00
PATHOLOGY	0	0		.00		00	.000	.0		.00
RADIOLOGY	0	0		.00		00	.000	.0		.00
ROOM USE	0	0		.00		00	.000	.0		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		00	.000	.0		.00
		CES AND EXPENDITURE	ES MONTH-OF-PAY							PAGE 14,739
MOP024	FEE-FOR-SERVICE			11.	2131(1 131(	2002		220 2002		01/17/03
SONOMA COUNTY		VICES FOR 37 MN -	LTNG - FAMILIE	3	דת	SCONTIN				01/1//05
SOMOTHI COOMIT	COLUMN OF DELVI	1010 1010 37 1110	TIMO EVENTULE	_	DI		м	ONTHLY AVE	RACE	2
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDT	THRES	AVERAGE			S COST PE	_	COST PER
00 111011111111111111111111111111111111	001110	OWILD OF SHIMTOR		101/110	1100111001	CODI ONI.	TOIDUI	CODI EE	T /	COSTITION

		OR DAYS OF CARE				PER	UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
	0	0			.00			.000		.00		
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0					.00					.00
	0				.00		.00	.000		.00		.00
SURGERY	Ü	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	'		.00	'	.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	۲		.00	Y	.00	.000	Ψ	.00	7	.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	٧		.00	Ÿ	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$			ċ			ċ		\$	
	0	· · · · · · · · · · · · · · · · · · ·	Ą		.00	\$	.00	.000	\$	.00	Ą	.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	U	0	<b>^</b>		.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@ORGANIZED OUTPATIENT CLINIC	U	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0					.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MOI	NTH-OF-PAYM	ENT RE	EPORT	FOR JAN 2	002 THRU	DEC	2002	P	•
	FEE-FOR-SERVICE											01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	LTNG	- FAMILIES			DISCONT	IN				
										HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	URES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS OF CARE				PER	UNIT/DAY	PER ELIG		USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

 $<sup>\</sup>ensuremath{\text{@*}}$  TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,741 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

***************************************							
					MC	ONTHLY AVERA	GE
19,127 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19,190	1,171,167 \$	141,156,736.16	\$ 120.53	61.231	\$ 7355.74	\$ 7379.97
@PHYSICIANS SERVICES	1,271	4,113 \$	64,804.42	\$ 15.76	.215	\$ 50.99	\$ 3.39
OUTPATIENT VISITS	33	43	2,111.92	49.11	.002	64.00	.11
OFFICE VISITS	26	31	1,229.50	39.66	.002	47.29	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	11	836.66	76.06	.001	119.52	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.000	45.76	.00
INPATIENT VISITS	75	632	20,951.27	33.15	.033	279.35	1.10
HOSPITAL VISITS	13	60	2,727.35	45.46	.003	209.80	.14
CRITICAL CARE	4	10	1,016.98	101.70	.001	254.25	.05
SNF/ICF/TRANS IP CARE	63	562	17,206.94	30.62	.029	273.13	.90
OPHTHALMOLOGICAL SERVICES	8	9	362.34	40.26	.000	45.29	.02
EXAMINATIONS	8	9	362.34	40.26	.000	45.29	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	20	3,023.65	151.18	.001	1007.88	.16
PRINCIPAL SURGEON	2	3	2,108.70	702.90	.000	1054.35	.11
ASSISTANT SURGEON	1	1	387.19	387.19	.000	387.19	.02
ANESTHESIOLOGIST	2	16	527.76	32.99	.001	263.88	.03

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	47	207	6,709.33	3	32.41	.011	142.75		.35
PRINCIPAL SURGEON	6	9	1,340.9	4	148.99	.000	223.49		.07
ASSISTANT SURGEON	0	0	.00	)	.00	.000	.00		.00
ANESTHESIOLOGIST	41	198	5,368.39	9	27.11	.010	130.94		.28
DIALYSIS	0	0	.00	)	.00	.000	.00		.00
PATHOLOGY	15	88	218.10	)	2.48	.005	14.54		.01
RADIOLOGY	26	59	1,942.8	6	32.93	.003	74.73		.10
PSYCHIATRY	0	0	.00	)	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1	13.7	6	13.76	.000	13.76		.00
OTHER SERVICES/ALL X-OVERS	1,125	3,054	29,471.19	9	9.65	.160	26.20		1.54
@PHARMACY	8 <b>,</b> 927	108,832 \$	2,968,210.5	1 \$	27.27	5.690	\$ 332.50	\$	155.18
PRESCRIPTION DRUGS	8,904	53,224	2,919,310.59	9	54.85	2.783	327.87		152.63
SNF/ICF	7,938	47 <b>,</b> 892	2,648,337.50	)	55.30	2.504	333.63		138.46
OUTPATIENTS	1,162	5 <b>,</b> 332	270,973.09	9	50.82	.279	233.20		14.17
MEDICAL SUPPLIES	410	55 <b>,</b> 608	48,899.92	2	.88	2.907	119.27		2.56
@DENTIST	628	2,153 \$	84,207.19	9 \$	39.11	.113	\$ 134.09	\$	4.40
VISITS - DIAGNOSTIC	555	1,619	27,836.19	9	17.19	.085	50.16		1.46
ORAL SURGERY	64	152	7,241.00	)	47.64	.008	113.14		.38
DRUGS	0	0	.00	C	.00	.000	.00		.00
ANESTHESIA	1	1	100.00	C	100.00	.000	100.00		.01
PERIODONTICS	59	111	19,300.00	C	173.87	.006	327.12		1.01
ENDODONTICS	11	17	3,375.00	)	198.53	.001	306.82		.18
RESTORATIVE DENTISTRY	60	125	6,908.00	)	55.26	.007	115.13		.36
PROSTHETICS	0	0	.00	C	.00	.000	.00		.00
DENTURES, STAYPLATES	52	124	19,397.00	)	156.43	.006	373.02		1.01
SPACE MAINTAINERS	0	0	.00	)	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	)	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	)	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	)	.00	.000	.00		.00
ALL OTHER SERVICES	3	4	50.00	)	12.50	.000	16.67		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	Ρž	AGE 14,742
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ							01/17/03

						MONTHLY AVERAGE						
19,127 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER	
		OR DAYS OF CAR	€		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@OPTOMETRIST	235	673	\$	11,510.91	\$	17.10	.035	\$	48.98	\$	.60	
DIAGNOSTIC AND ANC. PROCED	41	41		1,920.59		46.84	.002		46.84		.10	
EYE APPLIANCES	216	607		9,507.70		15.66	.032		44.02		.50	
OTHER OPTOMETRIC SERVICES	10	25		82.62		3.30	.001		8.26		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
VISITS	0	0		.00		.00	.000		.00		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
@PODIATRIST	977	2,261	\$		\$	4.59	.118	\$	10.62	\$	.54	
MEDICINE/INJECTIONS	2	. 2		72.40	·	36.20	.000		36.20		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00	
OTHER	975	2,259		10,302.62		4.56	.118		10.57		.54	
@HOME HEALTH AGENCY	1	1	Ś	74.86	\$	74.86	.000	Ś	74.86	\$	.00	
NURSE ANESTHESIST	1	29	\$	56.03	\$	1.93		\$	56.03	\$	.00	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$	.00	
FAMILY NURSE PRACTITIONER	3	4	¢	64.51	\$	16.13	.000		21.50	\$	.00	
@TOTAL HOSPITAL	858	3,409	¢	304,380.66	\$	89.29	.178			\$	15.91	
HOSP INPATIENT TOTAL	140	1,220	Υ	242,973.86	Υ	199.16	.064	Ψ	1735.53	Ψ	12.70	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITAL TOTAL	9	64		105,619.50		1650.30	.003		11735.50		5.52	
ACCOMMODATIONS	9	64		41,363.22		646.30	.003		4595.91		2.16	
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	13		2,461.62		189.36	.003		2461.62		.13	
	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	51		38,901.60		762.78	.003		4862.70		2.03	
	9	0		64,256.28		.00	.003		7139.59		3.36	
ANCILLARIES INPATIENT CROSSOVERS	131	1,156		137,354.36		118.82	.060				7.18	
ALL OTHER INPATIENT	131	1,136		.00		.00	.000		1048.51		.00	
	749											
HOSP OUTPATIENT TOTAL		2,189		61,406.80		28.05	.114		81.99		3.21	
MEDICAL	25 52	31 52		1,005.12		32.42	.002		40.20		.05	
SURGERY				3,315.03		63.75	.003		63.75		.17	
PATHOLOGY	57	146		1,569.88		10.75	.008		27.54		.08	
RADIOLOGY	13 73	15		1,635.60		109.04	.001		125.82		.09	
ROOM USE		188		11,084.82		58.96	.010		151.85		.58	
CROSSOVERS/ALL OTH OUTPTNT	689	1,757	<b>^</b>	42,796.35	<u> </u>	24.36	.092	<u> </u>	62.11	<u> </u>	2.24	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Þ	.00	Ş	.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
HSC HOSPITALS	•	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
MEDICAL	0	0		.00		.00	.000		.00		.00	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
ROOM USE	0	0		.00		.00	.000		.00		.00	

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03 SONOMA COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG ----- MONTHLY AVERAGE -----

19,127 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS	UNITS OF SERVICE	C	EXPENDITURES		COST UNITS/DA				COST PER
		OR DAYS OF CARE	C	304,380.66	PER UNI	T/DAY PER EL:		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	858	3,409	\$	304,380.66	\$ 89	.29 .178		354.76	\$	
COMM HOSP INPATIENT TOTAL	140	1,220		242,973.86	199	.16 .06				12.70
HSC HOSPITALS	0	0		242,973.86 .00 105,619.50 41,363.22 2,461.62 .00 38,901.60 64,256.28 137,354.36 .00 61,406.80 1,005.12 3,315.03 1,569.88 1,635.60 11,084.82 42,796.35		.00		.00		.00
NON-HSC HOSPITALS TOTAL	9	64		105,619.50	1650	.30 .003	3	11735.50		5.52
ACCOMMODATIONS	9	64		41,363.22	646	.30 .003		4595.91		2.16
ADMINISTRATIVE DAYS	1	13		2,461.62	189	.36 .003		2461.62		.13
TRANSITIONAL IP CARE	0	0		.00		.00	)	.00		.00
ALL OTHER ACCOM	8	51		38,901.60	762	.78 .003	3	4862.70 7139.59		2.03
ANCILLARIES	9	0		64,256.28		.00		7139.59		3.36
INPATIENT CROSSOVERS	131	1,156		137,354.36	118	.82 .060		1048.51		7.18
ALL OTHER INPATIENT	0	0		.00		.00	)	.00		.00
COMM HOSP OUTPATIENT TOTAL	749	2,189		61,406.80	28	.05 .11	1	81.99 40.20		3.21
MEDICAL	25	31		1,005.12	32	.42 .002	2	40.20		.05
SURGERY	52 57	52		3,315.03	63	.75 .003	3	63.75		.17
PATHOLOGY	57	146		1,569.88	10	.75 .008	3	27.54		.08
RADIOLOGY	13	15		1,635.60	109	.04 .003	L	63.75 27.54 125.82 151.85		.09
ROOM USE	73	188		11,084.82	58	.96 .010	)	151.85		.58
CROSSOVERS/ALL OTH OUTPTNT	689	1,757		42,796.35	24	.36 .092	2	62.11		2.24
@STATE HOSPITAL	7,876	247,645	\$	42,796.35 106,100,505.11	\$ 428	.44 12.94	7 \$	13471.37	\$	5547.16
MENTALLY ILL	0	0		.00		.00	)	.00		.00
DEVELOP. DISABLED	7,876	247,645		106,100,505.11	428	.44 12.94	7	13471.37		5547.16
@NURSING FACILITY	8,672	281,574	\$	26,134,534.46	\$ 92	.82 14.72	\$	3013.67	\$	1366.37
LEV A-INTERMEDIATE	0	. 0		.00		.00 .000	)	.00		.00
SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT  ©STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED  ©NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR  ©INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN  ©HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER  ©REHABILITATION FACILITY  ©LABORATORY FACILITY	266	10,262		.00 1,043,390.70	101	.00 .000 .68 .53	7	.00 3922.52		54.55
LEV B-SUBACUTE FREESTANDING	0	0		.00 611,387.60 .00		.00	)	.00		.00
LEV B-SUBACUTE HSPTL BASED	36	1,289		611,387.60	474	.31 .06	7	16982.99		31.96
LEV B-TRANSITIONAL IP CARE	0	. 0		.00		.00 .000		.00		.00
LEV B-REGULAR	8,376	270,023		.00 24,479,756.16			7	2922.61		1279.85
@INTERMEDIATE CARE FACILDD	981	30,926	\$	4,259,631.53	\$ 137	.74 1.61	7 \$	4342.13	\$	222.70
ICF DDH	775	24,453		3,161,246.83	129	.28 1.278	3	4079.03		165.28
ICF DD	0	, 0		.00		.00 .000	)	.00		.00
ICF DDN/DDCN	207	6,473		1,098,384.70	169	.69 .338	3	5306.21		57.43
@HEMODIALYSIS TOTAL	33	41	\$	24,479,756.16 4,259,631.53 3,161,246.83 .00 1,098,384.70 21,292.22 .00 21,292.22	\$ 519	.32 .002	2 \$	645.22	\$	1.11
HOSPITAL BASED	0	0		.00		.00 .000	)	.00	·	.00
HEMODIALYSIS CENTER	33	41		21,292.22	519	.32 .002	2	645.22		1.11
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00 .000	) \$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00 .000	)			.00
INDEPENDENT FACILITY	0 107	0		.00			)			.00
@LABORATORY FACILITY		279	\$	.00 3,237.55 2,987.33	\$ 11	.60 .01	5 \$		\$	.17
PATHOLOGY	93	245	·	2,987.33	12	.19 .013		32.12	·	.16
XO AND OTHERS	93 14	34		2,987.33 250.22	7	.36 .002	2	17.87		.01
@ORGANIZED OUTPATIENT CLINIC	192	271	\$	9,121.06	\$ 33		1 \$		\$	.48
CLINIC	0	0	·	.00		.00 .000		.00	·	.00
SURGICENTER	3	4		644.27	161		)			.03
	0			.00		.00 .000	)	.00		
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	189	267		8,476.79	31	.75 .014	1	44.85		. 44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RI	EPORT FOR	JAN 2002 THRU	J DE	C 2002	F	AGE 14,744
MOP024	FEE-FOR-SERVICE	/DENTAL							_	01/17/03
SONOMA COUNTY		ICES FOR 38 MEDI	CALL	Y NEEDY - LTNG						. ,

						MON	THLY AVERA	GE	
19,127 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,001	488,956	\$	1,184,730.12	\$ 2.42	25.564 \$	394.78	\$	61.94
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	374	2,177		381,897.43	175.42	.114	1021.12		19.97
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	35	47		6,385.83	135.87	.002	182.45		.33
MEDICAL TRANSPORTATION	756	19,294		98,590.24	5.11	1.009	130.41		5.15
AMBULANCES/AIR TRANS	42	415		6,474.03	15.60	.022	154.14		.34
OTHER TRANS	459	16,453		70,580.76	4.29	.860	153.77		3.69
OTHER SERVICES	297	2,426		21,535.45	8.88	.127	72.51		1.13
ACUPUNCTURE	1	1		70,580.76 21,535.45 27.03 9,535.52	8.88 27.03 66.68	.000	27.03		.00
ADULT DAY HEALTH CARE CTR	12	143		9,535.52	66.68	.007	794.63		.50
GENETIC DISEASE TESTING	0	0		• 0 0	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00		.00		.00
OPTICIAN	234	496		5,907.19	11.91	.026	25.24		.31
PHYSICAL THERAPIST	0	496 0 51		.00	.00	.000	.00		.00
PORTABLE X-RAY	0 31	51		213.52	4.19	.003	6.89		.01
PROSTHETIST/ORTHOTISTS	11	25		478.82	19.15	.001	43.53		.03
PROSTHETICS	11	25		478.82	19.15	.001	43.53		.03
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	82	107		1,039.92	9.72	.006	12.68		.05
SPEECH AND AUDIOLOGY	344	1,114		49,041.04	44.02		142.56		2.56
HOSPICE SERVICES	194	5,349		485,757.51	90.81		2503.90		25.40
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	5	68		705.64	10.38	.004	141.13		.04
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	1,148	460,084		145,150.43	.32	24.054	126.44		7.59
@CALIF. CHILDREN SERVICES*	2	2	\$		\$ 154.58	.000 \$	154.58	\$	.02
@XOVER EXCLUDING STATE HOSP**	4,460	466,560	\$	687,396.32	\$ 1.47	24.393 \$	154.12	\$	35.94
@* TOTALS IN THESE LINES ARE G	GIVEN AS A SEPAR	ATE INFORMATION	ITEM	ONLY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE AP	PROPRIATE DETAIL	LIN	ES ABOVE.					
** THESE DATA ARE INCLUDED IN	N THE APPROPRIAT	E DETAIL LINES A	BOVE	•					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	P	PAGE 14,745
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 39 MED	ICAL:	LY NEEDY - AGED					
						MON	THLY AVERA	GΕ	

22,684 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 17,841 530,202 \$ 30,790,939.10 58.07 23.373 \$ 1725.85 \$ 1357.39 \$ @PHYSICIANS SERVICES 2,330 10,591 221,508.53 20.91 .467 \$ 95.07 \$ 9.76 21,206.95 68.85 OUTPATIENT VISITS 308 445 47.66 .020 .93 221 40.06 .014 56.92 .55 OFFICE VISITS 314 12,578.68 HOME VISITS 0 0 .00 .00 .000 .00 .00 104 128 8,553.55 66.82 82.25 .38 EMERGENCY ROOM .006 .00 PREVENTIVE CARE 0 0 .00 .00 .000 .00 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 3 3 74.72 24.91 .000 24.91 .00 85 348 16,885.27 48.52 198.65 .74 INPATIENT VISITS .015 71 283 .53 42.14 .012 167.98 HOSPITAL VISITS 11,926.32 98.66 CRITICAL CARE 11 42 4,143.90 .002 376.72 .18 17 23 SNF/ICF/TRANS IP CARE 815.05 35.44 .001 47.94 .04 OPHTHALMOLOGICAL SERVICES 43 54 2,465.16 45.65 .002 57.33 .11

EXAMINATIONS	43	54		2,465.16		45.65	.002		57.33		.11
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	46	254		18,433.34		72.57	.011		400.72		.81
PRINCIPAL SURGEON	31	46		13,250.36		288.05	.002		427.43		.58
ASSISTANT SURGEON	6	6		1,082.84		180.47	.000		180.47		.05
ANESTHESIOLOGIST	19	202		4,100.14		20.30	.009		215.80		.18
OUTPATIENT SURGERY	90	298		38,696.41		129.85	.013		429.96		1.71
PRINCIPAL SURGEON	73	87		34,225.32		393.39	.004		468.84		1.51
ASSISTANT SURGEON	4	4		370.45		92.61	.000		92.61		.02
ANESTHESIOLOGIST	32	207		4,100.64		19.81	.009		128.15		.18
DIALYSIS	8	13		2,022.17		155.55	.001		252.77		.09
PATHOLOGY	60	115		2,210.76		19.22	.005		36.85		.10
RADIOLOGY	260	625		28,971.03		46.35	.028		111.43		1.28
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	74		9,166.68		123.87	.003		763.89		.40
OTHER SERVICES/ALL X-OVERS	1,812	8,365		81,450.76		9.74	.369		44.95		3.59
@PHARMACY	14,230	126,535	\$	3,565,244.66	\$		5.578	Ś		Ś	157.17
PRESCRIPTION DRUGS	14,090	67,882		3,482,437.90	'	51.30	2.993		247.16	'	153.52
SNF/ICF	6,900	40,245		1,930,166.33		47.96	1.774		279.73		85.09
OUTPATIENTS	7,313	27,637		1,552,271.57		56.17	1.218		212.26		68.43
MEDICAL SUPPLIES	849	58,653		82,806.76		1.41	2.586		97.53		3.65
@DENTIST	846	2,657	\$	134,378.52	\$			\$	158.84	\$	5.92
VISITS - DIAGNOSTIC	637	1,718		28,829.51		16.78	.076		45.26		1.27
ORAL SURGERY	103	310		16,785.83		54.15	.014		162.97		.74
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	4	4		300.00		75.00	.000		75.00		.01
PERIODONTICS	26	30		3,775.00		125.83	.001		145.19		.17
ENDODONTICS	13	13		2,546.00		195.85	.001		195.85		.11
RESTORATIVE DENTISTRY	117	261		26,285.00		100.71	.012		224.66		1.16
PROSTHETICS	4	4		120.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	136	313		55,687.18		177.91	.014		409.46		2.45
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	4		50.00		12.50	.000		16.67		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPOR!	r for Jan	2002 THRU	DEC	2002	ΡĪ	AGE 14,746
MOP024	FEE-FOR-SERVICE/I	DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVIO	CES FOR 39 MED	ICALI	LY NEEDY - AGED							
							M	ONT	HLY AVERA	GE -	
22 604 ETTCTDIEC	HCEDC I	INTER OF CERTIFO	177	EADENDIMIDEC	7\ 7.71	TDACE COC	n rintmo/Day	0 /	COCH DED	/	COCH DED

22,684 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 249 727 \$ 13,769.93 18.94 .032 \$ 55.30 \$ .61 DIAGNOSTIC AND ANC. PROCED 49 50 2,270.28 45.41 .002 46.33 .10 598 EYE APPLIANCES 210 9,882.34 16.53 .026 47.06 .44 39 79 1,617.31 20.47 .003 41.47 .07 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 .00 \$ .00 .000 \$ .00 .00 0 0 .00 .000 .00 .00 VISITS .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 953 2,142 10,753.59 5.02 .094 \$ 11.28 .47 MEDICINE/INJECTIONS 8 8 277.70 34.71 .000 34.71 .01 17 385.79 22.69 .02 SURGERY/ANES. 6 .001 64.30 0 0 .00 .000 .00 .00 RADIO./PATHOLOGY .00 942 2,117 10,090.10 4.77 OTHER .093 10.71 .44 11 \$ @HOME HEALTH AGENCY 89 \$ 6,263.88 70.38 .004 \$ 569.44 \$ .28 NURSE ANESTHESIST 0 .00 \$ .00 .000 \$ .00 \$ .00

NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1,623	8,055	\$ 1,308,403.82	\$ 162.43	.355	\$ 806.16	\$ 57.68
HOSP INPATIENT TOTAL	275	1,997	1,159,197.64	580.47	.088	4215.26	51.10
HSC HOSPITALS	3	13	20,605.00	1585.00	.001	6868.33	.91
NON-HSC HOSPITAL TOTAL	64	383	961,005.05	2509.15	.017	15015.70	42.36
ACCOMMODATIONS	64	383	237,190.44	619.30	.017	3706.10	10.46
ADMINISTRATIVE DAYS	4	37	8,285.54	223.93	.002	2071.39	.37
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	62	346	228,904.90	661.57	.015	3692.01	10.09
ANCILLARIES	64	0	723,814.61	.00	.000	11309.60	31.91
INPATIENT CROSSOVERS	208	1,601	177,587.59	110.92	.071	853.79	7.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,421	6,058	149,206.18	24.63	.267	105.00	6.58
MEDICAL	228	358	12,219.02	34.13	.016	53.59	.54
SURGERY	37	44	3,917.10	89.03	.002	105.87	.17
PATHOLOGY	283	1,065	12,845.35	12.06	.047	45.39	.57
RADIOLOGY	189	279	20,518.24	73.54	.012	108.56	.90
ROOM USE	258	381	16,013.00	42.03	.017	62.07	.71
CROSSOVERS/ALL OTH OUTPINT	1,054	3,931	83,693.47	21.29	.173	79.41	3.69
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 14,747
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES F	OR 39 MEDICA:	LLY NEEDY - AGED				
					MONTH	TV NUEDNO	`F

SONOMA COUNTY	SUMMARY OF SER	VICES FOR 39 MEDI	CALL.	Y NEEDY - AGED					
							ONTHLY AVERA	MGE	
22,684 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,623	8,055	\$	1,308,403.82	\$ 162.43	.355		\$	57.68
COMM HOSP INPATIENT TOTAL	275	1,997		1,159,197.64	580.47	.088	4215.26		51.10
HSC HOSPITALS	3	13		20,605.00	1585.00	.001	6868.33		.91
NON-HSC HOSPITALS TOTAL	64	383		961,005.05	2509.15	.017	15015.70		42.36
ACCOMMODATIONS	64	383		237,190.44	619.30	.017	3706.10		10.46
ADMINISTRATIVE DAYS	4	37		8,285.54	223.93	.002	2071.39		.37
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	62	346		228,904.90	661.57	.015	3692.01		10.09
ANCILLARIES	64	0		723,814.61	.00	.000	11309.60		31.91
INPATIENT CROSSOVERS	208	1,601		177 <b>,</b> 587.59	110.92	.071	853.79		7.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,421	6 <b>,</b> 058		149,206.18	24.63	.267	105.00		6.58
MEDICAL	228	358		12,219.02	34.13	.016	53.59		.54
SURGERY	37	4 4		3,917.10	89.03	.002	105.87		.17
PATHOLOGY	283	1,065		12,845.35	12.06	.047	45.39		.57
RADIOLOGY	189	279		20,518.24	73.54	.012	108.56		.90
ROOM USE	258	381		16,013.00	42.03	.017	62.07		.71
CROSSOVERS/ALL OTH OUTPTNT	1,054	3,931		83,693.47	21.29	.173	79.41		3.69
@STATE HOSPITAL	36	1,093	\$	471,802.47	\$ 431.66	.048	\$ 13105.62	\$	20.80
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	36	1,093		471,802.47	431.66	.048	13105.62		20.80
@NURSING FACILITY	8,044	257,181	\$	23,491,314.41	\$ 91.34	11.338	\$ 2920.35	\$	1035.59
LEV A-INTERMEDIATE	1	44		4,270.08	97.05	.002	4270.08		.19
LEV B-REHAB MD	12	720		72,166.30	100.23	.032	6013.86		3.18
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	8	298		124,150.58	416.61	.013	15518.82		5.47
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	8,029	256,119		23,290,727.45	90.94	11.291	2900.83		1026.75
@INTERMEDIATE CARE FACILDD	58	1,873	\$	262,797.40	\$ 140.31	.083	\$ 4530.99	\$	11.59
ICF DDH	49	1,571		213,485.75	135.89	.069	4356.85		9.41
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	9	302		49,311.65	163.28	.013	5479.07		2.17
@HEMODIALYSIS TOTAL	67	256	\$	46,890.12	\$ 183.16	.011		\$	2.07
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	67	256		46,890.12	183.16	.011	699.85		2.07
@REHABILITATION FACILITY	1	1	\$	29.06	\$ 29.06	.000		\$	.00
HOSPITAL BASED	1	1	·	29.06	29.06	.000	29.06		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	220	969	\$	9,914.63	\$ 10.23	.043	\$ 45.07	\$	.44
PATHOLOGY	213	960		9,845.83	10.26	.042	46.22		.43
XO AND OTHERS	7	9		68.80	7.64	.000	9.83		.00
@ORGANIZED OUTPATIENT CLINIC	1,101	1,786	\$	119,902.45	\$ 67.13	.079		\$	5.29
CLINIC	3	12		230.24	19.19	.001	76.75		.01
•	-	· <del>-</del>				· · · <del>-</del>	- · · · ·		

SURGICENTER 72 134 16,120.24 120.30 .006 223.89 .71
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 1,037 1,640 103,551.97 63.14 .072 99.86 4.56
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,748
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

						MC	ONTHLY AVERA	GE
22,684 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,639	116,247	\$	1,127,965.63	\$ 9.70	5.125	\$ 427.42	\$ 49.73
DURABLE MED. EQUIP.	247	1,327		207,494.26	156.36	.058	840.06	9.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	53	85			122.38	.004	196.27	.46
MEDICAL TRANSPORTATION	824	23,458		120,136.26	5.12	1.034	145.80	5.30
AMBULANCES/AIR TRANS	55	617		9,105.83	14.76	.027	165.56	.40
OTHER TRANS	473	19 <b>,</b> 933		85,954.30		.879	181.72	
OTHER SERVICES	339	2,908		25,076.13	8.62	.128	73.97	1.11
ACUPUNCTURE	8	12		231.12	19.26	.001	28.89	.01
ADULT DAY HEALTH CARE CTR	117	1,274		84,986.70	66.71	.056	726.38	3.75
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	316	1,845		122,608.99	66.45	.081	388.00	5.41
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	291	682		8,729.50	12.80	.030	30.00	.38
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	27	42		64.91	1.55	.002	2.40	.00
PROSTHETIST/ORTHOTISTS	5	11		190.14	17.29	.000	38.03	.01
PROSTHETICS	4	9		110.24		.000	27.56	.00
ORTHOTICS	1	2		79.90	39.95	.000	79.90	.00
PSYCHOLOGIST	76	97		902.75		.004	11.88	.04
SPEECH AND AUDIOLOGY	100	241		14,248.90	59.12	.011	142.49	.63
HOSPICE SERVICES	199	5,444		505,432.92	92.84	.240	2539.86	22.28
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	685	81 <b>,</b> 729		52,536.84	.64	3.603	76.70	2.32
@CALIF. CHILDREN SERVICES*	1	1	\$	245.16	\$ 245.16	.000	\$ 245.16	\$ .01
@XOVER EXCLUDING STATE HOSP**	4,682	79 <b>,</b> 357	\$	804,041.15	\$ 10.13	3.498	\$ 171.73	\$ 35.45
A* TOTALS IN THESE ITMES ARE CIV	EN AC A CEDA	DATE THEODMATION	TTEM	ONT V •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,749 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

						MOI	THLY AVERA	GE
141 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	90	17,635	\$	242,847.56	\$ 13.77	125.071	2698.31	\$ 1722.32
@PHYSICIANS SERVICES	7	35	\$	927.72	\$ 26.51	.248	132.53	\$ 6.58
OUTPATIENT VISITS	2	5		288.16	57.63	.035	144.08	2.04
OFFICE VISITS	2	3		72.00	24.00	.021	36.00	.51
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2		216.16	108.08	.014	216.16	1.53
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	9		336.18		37.35	.064		112.06		2.38
HOSPITAL VISITS	3	9		336.18		37.35	.064		112.06		2.38
CRITICAL CARE	0	0		.00		.00	.004		.00		.00
	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0									
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	S .	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	7		177.99		25.43	.050		89.00		1.26
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	14		125.39		8.96	.099		25.08		.89
@PHARMACY	58	226	\$	12,844.44	\$	56.83	1.603	\$	221.46	\$	91.10
PRESCRIPTION DRUGS	56	222		12,828.93		57.79	1.574		229.09		90.99
SNF/ICF	30	139		9,717.85		69.91	.986		323.93		68.92
OUTPATIENTS	26	83		3,111.08		37.48	.589		119.66		22.06
MEDICAL SUPPLIES	2	4		15.51		3.88	.028		7.76		.11
@DENTIST	3	6	\$	126.00	\$	21.00	.043	\$	42.00	\$	.89
VISITS - DIAGNOSTIC	3	6		126.00		21.00	.043		42.00		.89
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	Ō		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	Ô		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	-	IRES I		EPORT			DEC		D	AGE 14,750
MOP024	FEE-FOR-SERVICE/DENTAL		,,\_U l	OI TAIRBINI N	01/1	IOIN OAN	2002 11110	טעכ	2002	т.	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	4∩ MET	TCDT.	IV NEEDY - BIITND							01/1//00
POMOLIV COOMIT	SOLIMANT OF SERVICES FOR	40 LIGI	л СМП.	TI MEEDI DHIMD			3.4	ONTENT	11 1/ N 1/ III N	CE	

----- MONTHLY AVERAGE -----141 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 3 \$ 42.85 14.28 .021 \$ 42.85 \$ .30 0 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 EYE APPLIANCES 3 42.85 14.28 .021 42.85 .30 1 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .000 .00 \$ .00 .000 \$ .00 \$ .00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 .000 .00 0 OTHER SERVICES 0 .00 .00 .00 @PODIATRIST 11 48.85 \$ 4.44 .078 \$ 9.77 \$ .35

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	5	11	48.85	4.44	.078	9.77		.35
@HOME HEALTH AGENCY	4	8 \$	381.48	\$ 47.69	.057		Ś	2.71
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000		\$	.00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000		\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000		\$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000			.00
@TOTAL HOSPITAL	9	42 \$	21,505.72	\$ 512.04		2389.52		152.52
HOSP INPATIENT TOTAL	3	32	20,794.00	649.81	.227	6931.33	۲	147.48
HSC HOSPITALS	1	19	19,190.00	1010.00	.135	19190.00		136.10
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	2	13	1,604.00	123.38	.092	802.00		11.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	6	10	711.72	71.17	.071	118.62		5.05
MEDICAL	0	0	28.20	.00	.000	.00		.20
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	13.59	.00	.000	.00		.10
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	51.66	.00	.000	.00		.37
CROSSOVERS/ALL OTH OUTPTNT	6	10	618.27	61.83	.071	103.05		4.38
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		Ċ	.00
CO HOSPITAL INPATIENT TOTAL	0	0 2	.00	.00	.000	.00	۲	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES N					DΛ	GE 14,751
MOP024	FEE-FOR-SERVICE	,	MONIII OF FAIMENT NE	LIONI FON UAN	ZUUZ IIIKU DI	3C 2002	I A	01/17/03
SONOMA COUNTY		ICES FOR 40 MEDICALI	V NEEDV - BITND					01/1//05
SONOMA COUNTI	SUMMAKI OF SEKV	ICES FOR 40 MEDICALI	II NEEDI BHIND		MON	מסשוא אוודט	CF -	
141 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
TAT PHIGIDIES	CAECO	OR DAYS OF CARE	FVEFUDIIOUFP	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	42 \$	21,505.72	\$ 512.04		3 2389.52		152.52
COMM HOSP INPATIENT TOTAL	3	32	20,794.00	649.81	.227	6931.33	Y	147.48
HSC HOSPITALS	1	19	19,190.00	1010.00	.135	19190.00		136.10
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
MON HOC HODELIAND TOTAL	0	0	.00	.00	.000	.00		.00

0

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ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	13	1,604.00	123.38	.092	802.00	11.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	10	711.72	71.17	.071	118.62	5.05
MEDICAL	0	0	28.20	.00	.000	.00	.20
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	13.59	.00	.000	.00	.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	51.66	.00	.000	.00	.37
CROSSOVERS/ALL OTH OUTPINT	6	10	618.27	61.83	.071	103.05	4.38
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	32	1,032	\$ 106,085.11	\$ 102.80	7.319	\$ 3315.16	\$ 752.38
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	32	1,032	106,085.11	102.80	7.319	3315.16	752.38
@INTERMEDIATE CARE FACILDD	12	344	\$ 94,068.72	\$ 273.46	2.440	\$ 7839.06	\$ 667.15
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	344	94,068.72	273.46	2.440	7839.06	667.15
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	)	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	)	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	)	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$ 192.80	\$	21.42	.064	\$ 27.54	\$ 1.37
CLINIC	0	0	.00	)	.00	.000	.00	.00
SURGICENTER	0	0	.00	)	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	)	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9	192.80	)	21.42	.064	27.54	1.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 14,752
MOP024	FEE-FOR-SERVICE/DENT	AL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 40 MEDICA	ALLY NEEDY - BLIND					

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 141 ELIGIBLES UNITS OF SERVICE USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE 15,919 \$ @ALL OTHER PROVIDERS 26 6,623.87 \$ .42 112.901 \$ 254.76 \$ 46.98 DURABLE MED. EQUIP. 4 1,380.75 197.25 .050 345.19 9.79 .00 .00 .000 .000 .000
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.000 .000 .000 .00 .000 .00 BLOOD BANK .00 .00 0 .00 HEARING AID DISPENSERS 158.30 MEDICAL TRANSPORTATION 1.12 AMBULANCES/AIR TRANS .00 .00 4 OTHER TRANS 37.90 .27 18 OTHER SERVICES 120.40 ACUPUNCTURE 0 .00 .00 0 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 0 .00 .00 686.34 IHMC, MODEL-NF, NF, AIDS, MSSP 12 4.87 0 .00 OCCUPATIONAL THERAPIST . 00 21.99 .16 OPTICIAN PHYSICAL THERAPIST .00 .00 .00 PORTABLE X-RAY .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 PROSTHETICS .00 .00 ORTHOTICS 38.99 PSYCHOLOGIST 1 .28 449.41 SPEECH AND AUDIOLOGY 3.19 107.28 .76 HOSPICE SERVICES 0 NONINST BIRTHING CENTERS .00 .00 0 68 0 0 0 15,805 LOCAL EDUCATION AGENCIES 705.64 5.00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 3,075.17 .19 ALL OTHER PROVIDERS 11 112.092 279.56 21.81 @CALIF. CHILDREN SERVICES\* 0 0 .00 \$ .00 .000 \$ .00 \$ . 00 1,437 @XOVER EXCLUDING STATE HOSP\*\* 3,432.54 \$ 2.39 10.191 \$ 132.02 \$ 24.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,753 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONIMITY ATTENACE

SONOMA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

						MC	JIN T	TLI AVERA	GĽ	
20,360 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	19,668	931,241	\$ 123,546,582.30	\$	132.67	45.739	\$	6281.60	\$	6068.10
@PHYSICIANS SERVICES	2 <b>,</b> 650	12,868	\$ 433,955.97	\$	33.72	.632	\$	163.76	\$	21.31

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	598	844		33,966.50	40.24	.041	56.80		1.67
OFFICE VISITS	434	602		19 <b>,</b> 775.71	32.85	.030	45.57		.97
HOME VISITS	2	2		103.20	51.60	.000	51.60		.01
EMERGENCY ROOM	184	226		13,619.29	60.26	.011	74.02		.67
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	14	14		468.30	33.45	.001	33.45		.02
INPATIENT VISITS	310	1,884		76,664.48	40.69	.093	247.30		3.77
HOSPITAL VISITS	236	1,214		48,992.01	40.36	.060	207.59		2.41
CRITICAL CARE	33	92		9,919.87	107.82	.005	300.60		.49
SNF/ICF/TRANS IP CARE	73	578		17,752.60	30.71	.028	243.19		.87
OPHTHALMOLOGICAL SERVICES	55	62		2,758.23	44.49	.003	50.15		.14
EXAMINATIONS	55	62		2,758.23	44.49	.003	50.15		.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	112	561		46,788.72	83.40	.028	417.76		2.30
PRINCIPAL SURGEON	86	123		35,952.11	292.29	.006	418.05		1.77
ASSISTANT SURGEON	5	14		1,413.99	101.00	.001	282.80		.07
ANESTHESIOLOGIST	35	424		9,422.62	22.22	.021	269.22		.46
OUTPATIENT SURGERY	164	433		36,359.50	83.97	.021	221.70		1.79
PRINCIPAL SURGEON	104	126		27,807.83	220.70	.006	267.38		1.37
ASSISTANT SURGEON	1	1		118.02	118.02	.000	118.02		.01
ANESTHESIOLOGIST	63	306		8,433.65	27.56	.015	133.87		.41
DIALYSIS	50	170		17,181.97	101.07	.008	343.64		.84
PATHOLOGY	165	515		6,498.22	12.62	.025	39.38		.32
	408	982		52,811.84	53.78	.048	129.44		2.59
RADIOLOGY PSYCHIATRY	400	962		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	72	1,512		84,431.19	55.84	.074	1172.66		4.15
	1,652	•		•	12.95	.290	46.30		3.76
OTHER SERVICES/ALL X-OVERS	9,560	5,905	÷	76,495.32				ċ	
@PHARMACY	•	103,658	\$	4,868,204.06	\$ 46.96	5.091	\$ 509.23	Ş	239.11
PRESCRIPTION DRUGS	9,443	47,460		4,778,617.36	100.69	2.331	506.05		234.71
SNF/ICF	1,462	10,095		851,826.83	84.38	.496	582.64		41.84
OUTPATIENTS	8,085	37,365		3,926,790.53	105.09	1.835	485.69		192.87
MEDICAL SUPPLIES	706	56,198	_	89,586.70	1.59	2.760	126.89	_	4.40
@DENTIST	923	3,984	\$	174,280.37	\$ 43.75	.196	•	Ş	8.56
VISITS - DIAGNOSTIC	666	2,433		36,039.90	14.81	.119	54.11		1.77
ORAL SURGERY	151	537		26,804.83	49.92	.026	177.52		1.32
DRUGS	4	4		.00	.00	.000	.00		.00
ANESTHESIA	8	8		700.00	87.50	.000	87.50		.03
PERIODONTICS	74	127		22,065.00	173.74	.006	298.18		1.08
ENDODONTICS	34	43		8,900.00	206.98	.002	261.76		. 44
RESTORATIVE DENTISTRY	243	538		47 <b>,</b> 889.00	89.01	.026	197.07		2.35
PROSTHETICS	7	7		180.00	25.71	.000	25.71		.01
DENTURES, STAYPLATES	82	275		30,374.64	110.45	.014	370.42		1.49
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	4	6		1,327.00	221.17	.000	331.75		.07
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	4	6		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORT FOR JAI	N 2002 THRU	DEC 2002	P	AGE 14,754
MOP024	FEE-FOR-SERVICE/D	ENTAL							01/17/03
SONOMA COUNTY			OICALL	Y NEEDY - DISABLEI					
						N	MONTHLY AVERA	GE -	

----- MONTHLY AVERAGE -----20,360 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 339 983 \$ 17,911.72 \$ 18.22 .048 \$ 52.84 \$ @OPTOMETRIST .88 92 4,260.18 45.32 .005 46.31 .21 DIAGNOSTIC AND ANC. PROCED 94

EYE APPLIANCES	292	838		12,980.51		15.49	.0	41	44.45		.64
OTHER OPTOMETRIC SERVICES	33	51		671.03		13.16	.0	) 3	20.33		.03
@CHIROPRACTOR	26	63	\$	1,024.10	\$	16.26	.0	3	\$ 39.39	\$	.05
VISITS	21	58		940.50		16.22	.0	3	44.79		.05
OTHER SERVICES	5	5		83.60		16.72	.0	0.0	16.72		.00
@PODIATRIST	216	424	\$	3,388.53	\$	7.99	.0	21	\$ 15.69	\$	.17
MEDICINE/INJECTIONS	6	10		302.80		30.28	.0	0.0	50.47		.01
SURGERY/ANES.	3	5		54.73		10.95	.0	0 0	18.24		.00
RADIO./PATHOLOGY	0	0		.00		.00	.0	0 0	.00		.00
OTHER	209	409		3,031.00		7.41	. 0	20	14.50		.15
@HOME HEALTH AGENCY	128	15,524	\$	459,800.87	\$	29.62	.7	62	\$ 3592.19	\$	22.58
NURSE ANESTHESIST	5	66	\$	588.84	\$	8.92	.0			\$	.03
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.0		\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.0		\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	3	4	\$	64.51	\$	16.13	.0		\$ 21.50		.00
@TOTAL HOSPITAL	2,418	12,934	Ś	2,701,347.18	Ś	208.86	. 6		\$ 1117.18		132.68
HOSP INPATIENT TOTAL	284	2,398	7	2,426,988.73		012.09	.1		8545.73	т.	119.20
HSC HOSPITALS	22	125		199,329.00		594.63	.0		9060.41		9.79
NON-HSC HOSPITAL TOTAL	120	947		2,090,727.41		2207.74	.0		17422.73		102.69
ACCOMMODATIONS	119	947		748,947.48		790.86	.0		6293.68		36.79
ACCOMMODATIONS ADMINISTRATIVE DAYS	12	143		31,745.54		222.00	.0		2645.46		1.56
TRANSITIONAL IP CARE	0	0		201.36		.00	.0		.00		.01
ALL OTHER ACCOM	109	804		717,000.58		891.79	.0		6577.99		35.22
ALL OTHER ACCOM ANCILLARIES	120	0		1,341,779.93		.00	.0.		11181.50		65.90
INPATIENT CROSSOVERS	145	1,326		136,932.32		103.27	.0		944.36		6.73
	0	1,326		136,932.32		.00	.0		.00		.00
ALL OTHER INPATIENT											
HOSP OUTPATIENT TOTAL	2,226	10,536		274,358.45		26.04	. 5		123.25		13.48
MEDICAL	369	551		18,825.14		34.17	.0:		51.02		.92
SURGERY	137	173		8,207.99		47.45	.0		59.91		.40
PATHOLOGY	484	2,126		23,688.93		11.14	.1		48.94		1.16
RADIOLOGY	273	516		47,154.64		91.38	. 0:		172.73		2.32
ROOM USE	528	847		39,429.88		46.55	. 0		74.68		1.94
CROSSOVERS/ALL OTH OUTPTNT		6,323		137,051.87		21.68	. 3		83.57		6.73
@COUNTY HOSPITAL TOTAL	12	39	\$	19,145.75		490.92			\$ 1595.48	\$	.94
CO HOSPITAL INPATIENT TOTAL		13		18,741.50		441.65	. 0		6247.17		.92
HSC HOSPITALS	3	9		9,443.00		.049.22	.0		3147.67		.46
NON-HSC HOSPITALS TOTAL	1	4		9,298.50		2324.63	.0	00	9298.50		.46
ACCOMMODATIONS	1	4		5,400.00	1	350.00	.0		5400.00		.27
ADMINISTRATIVE DAYS	0	0		.00		.00	. 0	00	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	. 0	0.0	.00		.00
ALL OTHER ACCOM	1	4		5,400.00	1	350.00	.0	0 0	5400.00		.27
ANCILLARIES	1	0		3,898.50		.00	.0	0.0	3898.50		.19
INPATIENT CROSSOVERS	0	0		.00		.00	.0	0.0	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.0	0 0	.00		.00
CO HOSP OUTPATIENT TOTAL	10	26		404.25		15.55	.0	01	40.43		.02
MEDICAL	2	2		73.76		36.88	.0	0.0	36.88		.00
SURGERY	0	0		.00		.00	.0	0 0	.00		.00
PATHOLOGY	1	2		24.28		12.14	.0	0.0	24.28		.00
RADIOLOGY	1	1		15.08		15.08	.0	0.0	15.08		.00
ROOM USE	3	3		125.20		41.73	.0		41.73		.01
CROSSOVERS/ALL OTH OUTPINT	8	18		165.93		9.22	.0		20.74		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		JRES M		EPORT					PA	AGE 14,755
MOP024	FEE-FOR-SERVICE/DEN					,		-			01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES		ICALT	Y NEEDY - DISABLEI	D						-1, 1, , 00
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SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED ----- MONTHLY AVERAGE -----

20,360 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,410	12,895	\$	2,682,201.43	\$	208.00			1112.95		-
COMM HOSP INPATIENT TOTAL	281	2,385		2,408,247.23		1009.75	.117		8570.27		118.28
HSC HOSPITALS	19	116		189,886.00		1636.95			9994.00		9.33
NON-HSC HOSPITALS TOTAL	119	943		2,081,428.91		2207.24	.046		17491.00		102.23
ACCOMMODATIONS	118	943		743,547.48		788.49	.046		6301.25		36.52
ADMINISTRATIVE DAYS	12	143		31,745.54		222.00	.007		2645.46		1.56
TRANSITIONAL IP CARE	0	0		201.36		.00	.000		.00		.01
ALL OTHER ACCOM	108	800		711,600.58		889.50	.039		6588.89		34.95
ANCILLARIES	119	0		1,337,881.43		.00	.000		11242.70		65.71
INPATIENT CROSSOVERS	145	1,326		136,932.32		103.27	.065		944.36		6.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,220	10,510		273,954.20		26.07	.516		123.40		13.46
MEDICAL	368	549		18,751.38		34.16	.027		50.95		.92
SURGERY	137	173		8,207.99		47.45	.008		59.91		.40
PATHOLOGY	483	2,124		23,664.65		11.14 91.53	.104		49.00		1.16
RADIOLOGY	272	515		47,139.56		91.53	.025		173.31		2.32
ROOM USE	527	844		39,304.68		46.57	.041		74.58		1.93
CROSSOVERS/ALL OTH OUTPTNT	1,634	6 <b>,</b> 305		136,885.94		21.71	.310		83.77		6.72
@STATE HOSPITAL	7,840	246,552	\$		\$	428.42		\$	13473.05	\$	5188.05
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	7,840	246,552		105,628,702.64		428.42	12.110		13473.05		5188.05
@NURSING FACILITY	1,068	34 <b>,</b> 381	\$	3,911,581.58	\$	113.77		\$	3662.53	\$	192.12
LEV A-INTERMEDIATE	5	214		20,816.78		97.27	.011		4163.36		1.02
LEV B-REHAB MD	269	10,183		1,045,907.53		102.71	.500		3888.13		51.37
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	28	991		487,237.02		491.66	.049		17401.32		23.93
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 767 934	22,993		2,357,620.25		102.54	1.129		3073.82		115.80
@INTERMEDIATE CARE FACILDD		29,424	\$	3,999,934.19	\$	135.94		\$	4282.58	\$	
ICF DDH	749	23,597		3,044,929.86		129.04	1.159		4065.33		149.55
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	186	5,827		955,004.33		163.89	.286		5134.43		46.91
@HEMODIALYSIS TOTAL	215 0	4,196	\$	227,193.38	\$	54.15		Ş	1056.71	Ş	11.16
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	215 39	4,196		227,193.38		54.15	.206		1056.71		11.16
@REHABILITATION FACILITY	39	691	\$	9,788.81	\$			Ş	251.00	Ş	.48
HOSPITAL BASED	2	11		221.41		20.13	.001		110.71		.01
INDEPENDENT FACILITY	37	680	<u> </u>	9,567.40	<u> </u>	14.07	.033	<u> </u>	258.58	<u>^</u>	.47
@LABORATORY FACILITY	425	1,855	\$	25,988.01	\$	14.01	.091	Ş		Ş	1.28
PATHOLOGY	416	1,827		25,786.53		14.11	.090		61.99		1.27
XO AND OTHERS	9	28	ć	201.48	Ċ	7.20	.001	ć	22.39	<u>_</u>	.01
@ORGANIZED OUTPATIENT CLINIC	1,287	2,665	\$	187,296.32	\$	70.28	.131	Þ		Þ	9.20
CLINIC	47 19	125		3,217.40		25.74	.006		68.46		.16
SURGICENTER	19	34		3,446.91		101.38	.002		181.42		.17
HEROIN DETOX CLINIC	-	38		444.80		11.71 73.01	.002		148.27		.02
RURAL HEALTH CLINIC	1,234			•			.121		146.02	Ъ	8.85
#CALIF DEPT OF HEALTH SERV			KES P	MONTH-OF-PAYMENT R	EPOR'	I FOR JAN 2	2002 THRU	DEC	, 2002	P.	AGE 14,756
MOP024	FEE-FOR-SERVICE		T < 7 T T	W MEEDY DIGNOTES	Б						01/17/03
SONOMA COUNTY	SUMMARI OF SERV	TICES FOR 41 MED	ICALI	LY NEEDY - DISABLE	D		M	ONTIT	מסקנא עדטי	CE	
20,360 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	7\77	TRACE COST					COST PER
20,300 EHIGIDHES	021170	OR DAYS OF CAR		RVERNATIONES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,904	460,969		895,531.22		1.94	22.641				43.98
DURABLE MED. EQUIP.	310	1,486	Y	304,526.90	Y	204.93	.073	Y	982.34	Y	14.96
BLOOD BANK	0	1,400		.00		.00	.000		.00		.00
DHOOD DIMIK	O	O		.00		• • • •	.000		• 00		• • • •

HEARING AID DISPENSERS	18	27	2,175.97	80.59	.001	120.89	.11
MEDICAL TRANSPORTATION	465	21,769	110,986.03	5.10	1.069	238.68	5.45
AMBULANCES/AIR TRANS	106	1,470	24,471.25	16.65	.072	230.86	1.20
OTHER TRANS	155	18,382	70,390.94	3.83	.903	454.14	3.46
OTHER SERVICES	213	1,917	16,123.84	8.41	.094	75.70	.79
ACUPUNCTURE	23	70	1,181.35	16.88	.003	51.36	.06
ADULT DAY HEALTH CARE CTR	21	362	24,164.46	66.75	.018	1150.69	1.19
GENETIC DISEASE TESTING	5	5	362.00	72.40	.000	72.40	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	40	1,503	58,416.13	38.87	.074	1460.40	2.87
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	377	866	10,414.19	12.03	.043	27.62	.51
PHYSICAL THERAPIST	13	172	2,838.38	16.50	.008	218.34	.14
PORTABLE X-RAY	5	10	149.26	14.93	.000	29.85	.01
PROSTHETIST/ORTHOTISTS	27	82	7,538.49	91.93	.004	279.20	.37
PROSTHETICS	25	80	7,472.59	93.41	.004	298.90	.37
ORTHOTICS	2	2	65.90	32.95	.000	32.95	.00
PSYCHOLOGIST	24	87	1,128.00	12.97	.004	47.00	.06
SPEECH AND AUDIOLOGY	335	1,148	55,482.30	48.33	.056	165.62	2.73
HOSPICE SERVICES	43	1,143	137,893.43	120.64	.056	3206.82	6.77
NONINST BIRTHING CENTERS	0	, 0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	92	5,180	27,498.72	5.31	.254	298.90	1.35
EPSDT SUPPLEMENTAL SERVICE	0	, 0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,350	427,059	150,775.61	.35	20.975	111.69	7.41
@CALIF. CHILDREN SERVICES*	99	5,406	\$ 315,263.78	\$ 58.32	.266	\$ 3184.48	\$ 15.48
@XOVER EXCLUDING STATE HOSP**	3 <b>,</b> 950	422,866	\$ 677,779.82	\$ 1.60	20.769	\$ 171.59	\$ 33.29

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01/17/03

 $<sup>\</sup>ensuremath{ @^{*}}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDI	CALLY	NEEDY - FAMILIES	3					~-	
161 447 51 1615156							MO			GE	
161,447 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
0.0	1 000	OR DAYS OF CARE		00 460 56		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,288	3,698	\$	89,469.56	\$		.023	Ş	69.46	Ş	.55
DIAGNOSTIC AND ANC. PROCED	833	847		39,038.96		46.09	.005		46.87		.24
EYE APPLIANCES	897	2,676		39,502.43		14.76	.017		44.04		.24
OTHER OPTOMETRIC SERVICES	162	175		10,928.17		62.45	.001		67.46		.07
@CHIROPRACTOR	225	416	\$		\$		.003	\$	30.66	\$	.04
VISITS	225	416		6,899.09		16.58	.003		30.66		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	46	82	\$	2,544.35	\$		.001	\$		\$	.02
MEDICINE/INJECTIONS	35	43		1,347.80		31.34	.000		38.51		.01
SURGERY/ANES.	12	17		686.17		40.36	.000		57.18		.00
RADIO./PATHOLOGY	9	13		238.74		18.36	.000		26.53		.00
OTHER	8	9		271.64		30.18	.000		33.96		.00
@HOME HEALTH AGENCY	245	751	\$	48,343.11	\$	64.37	.005	\$	197.32	\$	.30
NURSE ANESTHESIST	1	3	\$	51.90	\$	17.30	.000	\$	51.90	\$	.00
NURSE MIDWIFE	630	5 <b>,</b> 911	\$	150,924.16	\$	25.53	.037	\$	239.56	\$	.93
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	3	\$	140.58	\$	46.86	.000	\$	46.86	\$	.00
@TOTAL HOSPITAL	17,518	71,062	\$				.440		629.78	\$	68.34
HOSP INPATIENT TOTAL	1,339	5,550		9,117,329.49		1642.76	.034		6809.06		56.47
HSC HOSPITALS	90	536				1558.01	.003		9278.82		5.17
NON-HSC HOSPITAL TOTAL	1,251	5,007		8,279,799.37			.031		6618.54		51.28
ACCOMMODATIONS	1,251 1,247	5,007		3,342,645.30		1653.64 667.59	.031		2680.55		20.70
ADMINISTRATIVE DAYS	24	201		45,421.50		225.98	.001		1892.56		.28
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,236	4,806		3,297,223.80		686.06	.030		2667.66		20.42
ANCILLARIES	1,250	0		4,937,154.07		.00	.000		3949.72		30.58
INPATIENT CROSSOVERS	. 3	7		2,436.00		348.00	.000		812.00		.02
ALL OURD INDAULEND	0	0 65 <b>,</b> 512		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	16,747	65.512		1,915,171.25		29.23	.406		114.36		11.86
MEDICAL	5,662	7,596		263,318.35		34.67	.047		46.51		1.63
SURGERY	1,436	1,738		72,453.96		41.69	.011		50.46		.45
PATHOLOGY	5,699	18,537		228,144.35		12.31	.115		40.03		1.41
RADIOLOGY	3,790	4,835		347,118.77		71.79	.030		91.59		2.15
ROOM USE	12,269	17,093		650,484.22		38.06	.106		53.02		4.03
CROSSOVERS/ALL OTH OUTPTNT		15,713		353,651.60		22.51	.097		62.33		2.19
@COUNTY HOSPITAL TOTAL	38	168	\$		\$		.001	Ś		Ś	.07
CO HOSPITAL INPATIENT TOTAL		5		5,929.00		1185.80	.000		2964.50		.04
HSC HOSPITALS	2			5,929.00		1185.80	.000		2964.50		.04
NON-HSC HOSPITALS TOTAL	0	5 0 0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	36	163		5,061.30		31.05	.001		140.59		.03
MEDICAL	8	9		270.98		30.11	.000		33.87		.00
SURGERY	15	23		656.05		28.52	.000		43.74		.00
PATHOLOGY	16	47		888.17		18.90	.000		55.51		.01
RADIOLOGY	5	13		1,044.28		80.33	.000		208.86		.01
ROOM USE	18	27		1,172.06		43.41	.000		65.11		.01
1,0011 000	10	2 /		1,1,2.00		10.11	.000		00.11		• 0 1

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01/17/03

SONOMA COUNTY

MOPU24	FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY	SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

----- MONTHLY AVERAGE -----161,447 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 11,021,510.44 @COMMUNITY HOSPITAL TOTAL 17,488 70,894 \$ \$ 155.46 .439 \$ 630.23 \$ 68.27 COMM HOSP INPATIENT TOTAL 1,337 5,545 9,111,400.49 1643.17 .034 6814.81 56.44 HSC HOSPITALS 88 531 829,165.12 9422.33 5.14 1,251 5,007 8,279,799.37 6618.54 51.28 NON-HSC HOSPITALS TOTAL ACCOMMODATIONS 1,247 5,007 3,342,645.30 2680.55 20.70 201 24 ADMINISTRATIVE DAYS 45,421.50 1892.56 .28 0 0 TRANSITIONAL IP CARE .00 .00 .00 1,236 4,806 1,250 0 3 7 0 0 16,719 65,349 5,654 7,587 2667.66 ALL OTHER ACCOM 3,297,223.80 20.42 ANCILLARIES 4,937,154.07 3949.72 30.58 2,436.00 INPATIENT CROSSOVERS 812.00 .02 .00 .00 ALL OTHER INPATIENT .00 114.25 COMM HOSP OUTPATIENT TOTAL 1,910,109.95 11.83 5,654 7,587 263,047.37 46.52 1.63 MEDICAL SURGERY 1,421 1,715 71,797.91 50.53 .44 5,684 PATHOLOGY 18,490 227,256.18 39.98 1.41 RADIOLOGY 3,786 4,822 346,074.49 91.41 2.14 ROOM USE 12,254 17,066 649,312.16 52.99 4.02 CROSSOVERS/ALL OTH OUTPTNT 5,651 15,669 352,621.84 62.40 2.18 0 @STATE HOSPITAL 0 .00 \$ .00 \$ .00 MENTALLY ILL Ω Ω .00 . 00 .00 0 .000 DEVELOP. DISABLED Ω .00 .00 . 00 . 00 .000 \$ 1361.94 \$ 6,809.71 148.04 . 04 QNURSING FACILITY LEV A-INTERMEDIATE 0 .00 . 00 .000 . 0.0 . 00 Ω Ω .00 .00 .000 .00 LEV B-REHAB MD .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 0 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 0 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 LEV B-REGULAR 46 6,809.71 148.04 .000 1361.94 .04 0 .000 \$ .00 \$ 0 .00 @INTERMEDIATE CARE FACIL.-DD . 00 . 00 .00 .00 .000 .00 .00 ICF DDH .00 .00 ICF DD 0 .00 .000 .00 0 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 130,367.00 \$ 41.14 .00 .00 130,367.00 41.14 12,989.09 \$ 13.47 .275.74 27.57 12,713.35 13.33 222,206.41 \$ 15.23 222,005.13 15.22 .020 \$ 1975.26 \$ @HEMODIALYSIS TOTAL 66 3,169 130,367.00 \$ 41.14 .81 0 HOSPITAL BASED 0 .000 .00 .00 HEMODIALYSIS CENTER 3,169 .020 1975.26 .81 .006 \$ 245.08 \$ @REHABILITATION FACILITY 53 964 .08 4 1.0 .000 68.94 . 00 HOSPITAL BASED 4 9 9.5.4 .006 259.46 . 0.8 INDEPENDENT FACILITY 4,900 14,587 .090 \$ 45.35 \$ @LABORATORY FACILITY 1.38 .090 4,898 PATHOLOGY 14,585 45.33 1.38 201.28 100.64 2,324,913.39 \$ 81.86 203,160.92 24.68 2 2 .000 100.64 XO AND OTHERS .00 @ORGANIZED OUTPATIENT CLINIC 13,988 28,402 .176 \$ 166.21 \$ 14.40 2,008 8,232 .051 101.18 1.26 CLINIC 5.0 250 37.85 .002 189.25 SURGICENTER 9,462.63 . 06 9 125 12.10 1,512.44 .001 168.05 .01 HEROIN DETOX CLINIC 2,110,777.40 106.63 11,993 19,795 .123 176.00 RURAL HEALTH CLINIC 13.07 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,760 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

						Mo	ONTHLY AVERA	AGE	
161,447 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	5,144	34,507	\$	484,351.60	\$ 14.04	.214	\$ 94.16	\$	3.00
DURABLE MED. EQUIP.	233	1,356		39,363.78	29.03	.008	168.94		.24
DI COD DANIE	1	528		1,660.00	3.14	.003	1660.00		.01
HEARING AID DISPENSERS	7	10		324.18	32.42	.000	46.31		.00
MEDICAL TRANSPORTATION	557	9,153		140,571.20	15.36	.057	252.37		.87
AMBULANCES/AIR TRANS	539	6,428		101,978.42	15.86	.040	189.20		.63
OTHER TRANS	15	2,683		7,738.90	2.88	.017	515.93		.05
OTHER SERVICES	20	42		30,853.88	734.62	.000	1542.69		.19
ACUPUNCTURE	49	113		1,930.15	17.08	.001	39.39		.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	548	554		41,778.00	75.41	.003	76.24		.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	1,161	2,618		26,308.15	10.05	.016	22.66		.16
PHYSICAL THERAPIST	87	628		13,290.88	21.16	.004	152.77		.08
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	111	233		30,870.87	132.49	.001	278.12		.19
PROSTHETICS	60	172		25,505.80	148.29	.001	425.10		.16
ORTHOTICS	60	61		5,365.07	87.95	.000	89.42		.03
PSYCHOLOGIST	10	20		1,063.98	53.20	.000	106.40		.01
SPEECH AND AUDIOLOGY	107	267		13,674.96	51.22	.002	127.80		.08
HOSPICE SERVICES	6	103		14,934.36	144.99	.001	2489.06		.09
NONINST BIRTHING CENTERS	18	18		17,772.91	987.38	.000	987.38		.11
LOCAL EDUCATION AGENCIES	2,293	13,545		136,770.09	10.10	.084	59.65		.85
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	42	5,361		4,038.09	.75	.033	96.15		.03
@CALIF. CHILDREN SERVICES*	709	7,203	\$	1,956,325.03	\$ 271.60	.045	\$ 2759.27	\$	12.12
@XOVER EXCLUDING STATE HOSP**	217	2,182	\$	36,922.70	\$ 16.92	.014	\$ 170.15	\$	.23
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAF	RATE INFORMATION I	ΓEΜ	ONLY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE AR	PPROPRIATE DETAIL :	LINE	S ABOVE.					
** THESE DATA ARE INCLUDED IN	N THE APPROPRIAT	E DETAIL LINES ABO	OVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU 1	DEC 2002	P.	AGE 14,761
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 43 MEDIO	CALL	Y NEEDY					
							ONTHLY AVERA		
204,632 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(	COST PER

MONIBULLY BUILD BOD

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 98,748 @TOTAL, ALL PROVIDERS 1,788,368 \$ 175,958,198.60 98.39 8.739 \$ 1781.89 \$ 859.88 @PHYSICIANS SERVICES 22,960 69,138 3,328,168.17 \$ 48.14 .338 \$ 144.96 \$ 16.26 OUTPATIENT VISITS 12,657 17,443 618,377.19 35.45 .085 48.86 29.84 39.30 OFFICE VISITS 7,649 10,073 300,595.77 .049 1.47 2 2 HOME VISITS 103.20 51.60 .000 51.60 .00 EMERGENCY ROOM 4,924 5,889 254,970.17 43.30 .029 51.78 1.25 PREVENTIVE CARE 181 185 7,166.51 38.74 39.59 .04 .001 1,160 432 115.62 .24 OB VISITS/COMPRE PERI 49,947.24 43.06 .006 OTHER OUTPATIENT 104 134 5,594.30 41.75 53.79 .001 .03 1,600 6**,**273 61.12 239.64 1.87 INPATIENT VISITS 383,431.06 .031 44.24 .022 138.62 .97 HOSPITAL VISITS 1,438 4,506 199,340.23 CRITICAL CARE 212 1,162 165,416.68 142.36 .006 780.27 .81 SNF/ICF/TRANS IP CARE 92 605 18,674.15 30.87 .003 202.98 .09 OPHTHALMOLOGICAL SERVICES 312 361 16,449.57 45.57 .002 52.72 .08

EXAMINATIONS	301	350	16,303.38	46.58	.002	54.16	.08
SERVICES AND MATERIALS	11	11	146.19	13.29	.000	13.29	.00
INPATIENT HOSPITAL SURGERY	1,396	6,590	650,569.42	98.72	.032	466.02	3.18
PRINCIPAL SURGEON	932	1,112	517,480.29	465.36	.005	555.24	2.53
ASSISTANT SURGEON	112	124	20,259.79	163.39	.001	180.89	.10
ANESTHESIOLOGIST	545	5,354	112,829.34	21.07	.026	207.03	.55
OUTPATIENT SURGERY	1,692	4,319	305,466.98	70.73	.021	180.54	1.49
PRINCIPAL SURGEON	1,331	1,643	241,493.93	146.98	.008	181.44	1.18
ASSISTANT SURGEON	19	19	1,845.50	97.13	.000	97.13	.01
ANESTHESIOLOGIST	439	2,657	62,127.55	23.38	.013	141.52	.30
DIALYSIS	100	261	31,335.46	120.06	.001	313.35	.15
PATHOLOGY	2,093	3,852	61,645.28	16.00	.019	29.45	.30
RADIOLOGY	4,992	8 <b>,</b> 055	321,619.61	39.93	.039	64.43	1.57
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	383	3,438	221,011.71	64.28	.017	577.05	1.08
OTHER SERVICES/ALL X-OVERS	5 <b>,</b> 162	18,545	718,188.60	38.73	.091	139.13	3.51
@PHARMACY	50 <b>,</b> 226	300,586	\$ 11,585,751.57	\$ 38.54	1.469	\$ 230.67	\$ 56.62
PRESCRIPTION DRUGS	49,691	172,427	11,100,558.91	64.38	.843	223.39	54.25
SNF/ICF	8,426	50 <b>,</b> 556	2,830,376.97	55.98	.247	335.91	13.83
OUTPATIENTS	41,503	121 <b>,</b> 871	8,270,181.94	67.86	.596	199.27	40.41
MEDICAL SUPPLIES	2,437	128 <b>,</b> 159	485,192.66	3.79	.626	199.09	2.37
@DENTIST	8,494	36 <b>,</b> 525	\$ 1,362,869.48	\$ 37.31	.178	\$ 160.45	\$ 6.66
VISITS - DIAGNOSTIC	6 <b>,</b> 051	22,467	352,031.53	15.67	.110	58.18	1.72
ORAL SURGERY	1,194	2,867	165,956.22	57.88	.014	138.99	.81
DRUGS	52	63	1,047.68	16.63	.000	20.15	.01
ANESTHESIA	88	91	7,675.00	84.34	.000	87.22	.04
PERIODONTICS	263	323	52 <b>,</b> 925.00	163.85	.002	201.24	.26
ENDODONTICS	579	1,017	123,088.50	121.03	.005	212.59	.60
RESTORATIVE DENTISTRY	2,971	8,216	515,889.25	62.79	.040	173.64	2.52
PROSTHETICS	35	35	1,020.00	29.14	.000	29.14	.00
DENTURES, STAYPLATES	329	1,005	121,991.48	121.38	.005	370.79	.60
SPACE MAINTAINERS	58	69	7,441.86	107.85	.000	128.31	.04

MAXILLOFACIAL SERVICES	20	26	2,359.48	90.75	.000	117.97	.01
FRACTURES, DISLOCATIONS	1	1	140.00	140.00	.000	140.00	.00
ORTHODONTIC SERVICES	139	295	11,178.48	37.89	.001	80.42	.05
ALL OTHER SERVICES	36	50	125.00	2.50	.000	3.47	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 14,762
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE	S FOR 43 MEDICAL	LY NEEDY				

SONOMA COUNTY	SUMMARI OF SER	VICES FOR 43 MED.	LCALL	I NEEDI			Mo	חואר	א מישוא ע דעי	CE	
204,632 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7\ \ 7	EDACE COST				GE	COST PER
204,032 EDIGIBLES	02512	OR DAYS OF CAR		EXFENDITORES		R UNIT/DAY		)	USER		ELIGIBLE
@OPTOMETRIST	1,877	5,411	\$	121,194.06	\$		.026	Ś	64.57		.59
DIAGNOSTIC AND ANC. PROCED	974	991	Υ	45,569.42	۲	45.98	.005	Ψ	46.79	7	.22
EYE APPLIANCES	1,400	4,115		62,408.13		15.17	.020		44.58		.30
OTHER OPTOMETRIC SERVICES	234	305		13,216.51		43.33	.020		56.48		.06
@CHIROPRACTOR	251	479	\$	7,923.19	\$	16.54	.002	Ġ	31.57	Ġ	.04
VISITS	246	474	Ÿ	7,839.59	۲	16.54	.002	Y	31.87	Y	.04
OTHER SERVICES	5	5		83.60		16.72	.000		16.72		.00
@PODIATRIST	1,220	2,659	\$	16,735.32	\$	6.29	.013	Ś	13.72	S	.08
MEDICINE/INJECTIONS	49	61	Υ	1,928.30	۲	31.61	.000	Ψ	39.35	7	.01
SURGERY/ANES.	21	39		1,126.69		28.89	.000		53.65		.01
RADIO./PATHOLOGY	9	13		238.74		18.36	.000		26.53		.00
OTHER	1,164	2,546		13,441.59		5.28	.012		11.55		.07
@HOME HEALTH AGENCY	388	16,372	Ś		\$			Ś	1326.78	S	2.52
NURSE ANESTHESIST	6	69	¢			9.29	.000			\$	.00
NURSE MIDWIFE	630	5 <b>,</b> 911	¢		\$	25.53	.029			\$	.74
PEDIATRIC NURSE PRACTITIONER		0,011	\$ \$		\$	.00	.000	Ś	.00		.00
FAMILY NURSE PRACTITIONER	6	7	\$	205.09			.000		34.18		.00
@TOTAL HOSPITAL	21,568	92,093	\$	15,063,757.46			.450		698.43		73.61
HOSP INPATIENT TOTAL	1,901	9 <b>,</b> 977	Ÿ	12,724,309.86	۲	1275.36	.049	Y	6693.48	Y	62.18
HSC HOSPITALS	116	693		1,074,218.12		1550.10	.003		9260.50		5.25
NON-HSC HOSPITAL TOTAL	1,435	6 <b>,</b> 337					.031		7896.54		55.38
ACCOMMODATIONS	1,430	6 <b>,</b> 337		4,328,783.22		1788.15 683.10	.031		3027.12		21.15
ADMINISTRATIVE DAYS	40	381		85,452.58		224.28	.002		2136.31		.42
TRANSITIONAL IP CARE	0	0		201.36		.00	.000		.00		.00
ALL OTHER ACCOM	1,407	5,956		4,243,129.28		712.41	.029		3015.73		20.74
ANCILLARIES	1,434	0		7,002,748.61		.00	.000		4883.37		34.22
INPATIENT CROSSOVERS	358	2,947		318,559.91		108.10	.014		889.83		1.56
ALL OTHER INPATIENT	0	2, 347		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20,400	82 <b>,</b> 116		2,339,447.60		28.49	.401		114.68		11.43
MEDICAL	6 <b>,</b> 259	8,505		294,390.71		34.61	.042		47.03		1.44
SURGERY	1,610	1,955		84,579.05		43.26	.010		52.53		.41
PATHOLOGY	6,466	21,728		264,692.22		12.18	.106		40.94		1.29
RADIOLOGY	4,252	5 <b>,</b> 630		414,791.65		73.68	.028		97.55		2.03
ROOM USE	13,055	18,321		705,978.76		38.53	.090		54.08		3.45
CROSSOVERS/ALL OTH OUTPTNT		25,977		575,015.21		22.14	.127		68.67		2.81
@COUNTY HOSPITAL TOTAL	50	207	\$		Ś	145.58	.001	Ś	602.72	S	.15
CO HOSPITAL INPATIENT TOTAL	5	18	Υ	24,670.50	۲	1370.58	.000	Ψ	4934.10	7	.12
HSC HOSPITALS	5	14		15,372.00		1098.00	.000		3074.40		.08
NON-HSC HOSPITALS TOTAL	1	4		9,298.50		2324.63	.000		9298.50		.05
ACCOMMODATIONS	1			5,400.00		1350.00	.000		5400.00		.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	4 0 0 4		5,400.00		1350.00	.000		5400.00		.03
ANCILLARIES	1	0		3,898.50		.00	.000		3898.50		.02
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	ű.	3		. 3 0		• • •			• • • •		• • •

CO HOSP OUTPATIENT TOTAL	46	189	5,465.55	28.92	.001	118.82	.03
MEDICAL	10	11	344.74	31.34	.000	34.47	.00
SURGERY	15	23	656.05	28.52	.000	43.74	.00
PATHOLOGY	17	49	912.45	18.62	.000	53.67	.00
RADIOLOGY	6	14	1,059.36	75.67	.000	176.56	.01
ROOM USE	21	30	1,297.26	43.24	.000	61.77	.01
CROSSOVERS/ALL OTH OUTPTNT	32	62	1,195.69	19.29	.000	37.37	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 14,763
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 43 MEDICA	LLY NEEDY				
					MON'	THLY AVERA	GE

SONOPIA COUNTY	DOMINANT OF DER	VICES FOR 45 MED	тСИПП	I NEEDI			M	חוו	THLY AVERA	CF	
204,632 ELIGIBLES	USERS	UNITS OF SERVIC	c	EXPENDITURES	7/17	ERAGE COST				.Gы	COST PER
204,032 EDIGIDDES	ODERO	OR DAYS OF CAR		EXTENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21,530	91,886	\$	15,033,621.41		163.61	.449			¢	73.47
COMM HOSP INPATIENT TOTAL	1,896	9,959	Y	12,699,639.36	Y	1275.19	.049	Y	6698.12	٧	62.06
HSC HOSPITALS	111	679		1,058,846.12		1559.42	.003		9539.15		5.17
NON-HSC HOSPITALS TOTAL	1,434	6,333		11,322,233.33		1787.82	.031		7895.56		55.33
	1,434	6,333		4,323,383.22		682.68	.031		3025.46		21.13
ACCOMMODATIONS	1,429 40	381				224.28	.002		2136.31		.42
ADMINISTRATIVE DAYS	40	381		85,452.58							
TRANSITIONAL IP CARE	_			201.36		.00	.000		.00		.00
ALL OTHER ACCOM	1,406	5,952		4,237,729.28		711.98	.029		3014.03		20.71
ANCILLARIES	1,433	0		6,998,850.11		.00	.000		4884.05		34.20
INPATIENT CROSSOVERS	358	2,947		318,559.91		108.10	.014		889.83		1.56
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	20,366	81,927		2,333,982.05		28.49	.400		114.60		11.41
MEDICAL	6 <b>,</b> 250	8,494		294,045.97		34.62	.042		47.05		1.44
SURGERY	1,595	1,932		83,923.00		43.44	.009		52.62		.41
PATHOLOGY	6 <b>,</b> 450	21 <b>,</b> 679		263 <b>,</b> 779.77		12.17	.106		40.90		1.29
RADIOLOGY	4,247	5 <b>,</b> 616		413,732.29		73.67	.027		97.42		2.02
ROOM USE	13,039	18,291		704,681.50		38.53	.089		54.04		3.44
CROSSOVERS/ALL OTH OUTPINT	•	25 <b>,</b> 915		573 <b>,</b> 819.52		22.14	.127		68.76		2.80
@STATE HOSPITAL	7 <b>,</b> 876	247 <b>,</b> 645	\$	106,100,505.11	\$	428.44	1.210	\$	13471.37	\$	518.49
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	7,876	247,645		106,100,505.11		428.44	1.210		13471.37		518.49
@NURSING FACILITY	9,149	292 <b>,</b> 640	\$	27,515,790.81	\$	94.03	1.430	\$	3007.52	\$	134.46
LEV A-INTERMEDIATE	6	258		25,086.86		97.24	.001		4181.14		.12
LEV B-REHAB MD	281	10,903		1,118,073.83		102.55	.053		3978.91		5.46
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	36	1,289		611,387.60		474.31	.006		16982.99		2.99
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	8,833	280,190		25,761,242.52		91.94	1.369		2916.48		125.89
@INTERMEDIATE CARE FACILDD	1,004	31,641	\$	4,356,800.31	\$	137.69	.155	\$	4339.44	\$	21.29
ICF DDH	798	25,168		3,258,415.61		129.47	.123		4083.23		15.92
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	207	6,473		1,098,384.70		169.69	.032		5306.21		5.37
@HEMODIALYSIS TOTAL	348	7,621	\$	404,450.50	\$	53.07	.037	\$	1162.21	\$	1.98
HOSPITAL BASED	0	, 0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	348	7,621		404,450.50		53.07	.037		1162.21		1.98
@REHABILITATION FACILITY	93	1,656	\$	22,806.96	\$	13.77	.008	\$	245.24	\$	.11
HOSPITAL BASED	7	. 22		526.21		23.92	.000		75.17		.00
INDEPENDENT FACILITY	86	1,634		22,280.75		13.64	.008		259.08		.11
@LABORATORY FACILITY	5,545	17,411	\$	258,109.05	\$	14.82	.085	\$	46.55	\$	1.26
PATHOLOGY	5 <b>,</b> 527	17 <b>,</b> 372	·	257,637.49		14.83	.085		46.61		1.26
XO AND OTHERS	18	39		471.56		12.09	.000		26.20		.00
@ORGANIZED OUTPATIENT CLINIC	16,383	32,862	\$	2,632,304.96	\$	80.10	.161	\$	160.67	\$	12.86
CLINIC	2,058	8,369	•	206,608.56		24.69	.041		100.39		1.01
	•	•		,							

SURGICENTER 141 418 29,029.78 69.45 .002 205.88 .14

HEROIN DETOX CLINIC 12 163 1,957.24 12.01 .001 163.10 .01

RURAL HEALTH CLINIC 14,271 23,912 2,394,709.38 100.15 .117 167.80 11.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,764

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

					MC	ONTHLY AVERA	GE ·	
204,632 ELIGIBLES USI	ERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	(	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@ALL OTHER PROVIDERS 10,	713	627,642	\$ 2,514,472.32	\$ 4.01	3.067	\$ 234.71	\$	12.29
DURABLE MED. EQUIP.	794	4,176	552,765.69	132.37	.020	696.18		2.70
BLOOD BANK	1	528	1,660.00	3.14	.003	1660.00		.01
HEARING AID DISPENSERS	78	122	12,902.49	105.76	.001	165.42		.06
MEDICAL TRANSPORTATION 1,8	349	54,402	371,851.79	6.84	.266	201.11		1.82
AMBULANCES/AIR TRANS	700	8,515	135,555.50	15.92	.042	193.65		.66
OTHER TRANS	644	41,002	164,122.04	4.00	.200	254.85		.80
OTHER SERVICES	574	4,885	72,174.25	14.77	.024	125.74		.35
ACUPUNCTURE	80	195	3,342.62	17.14	.001	41.78		.02
ADULT DAY HEALTH CARE CTR	138	1,636	109,151.16	66.72	.008	790.95		.53
GENETIC DISEASE TESTING	553	559	42,140.00	75.38	.003	76.20		.21
IHMC, MODEL-NF, NF, AIDS, MSSP	358	3,360	181,711.46	54.08	.016	507.57		.89
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN 1,8	330	4,168	45,473.83	10.91	.020	24.85		.22
PHYSICAL THERAPIST	100	800	16,129.26	20.16	.004	161.29		.08
PORTABLE X-RAY	32	52	214.17	4.12	.000	6.69		.00
PROSTHETIST/ORTHOTISTS	143	326	38,599.50	118.40	.002	269.93		.19
PROSTHETICS	89	261	33,088.63	126.78	.001	371.78		.16
ORTHOTICS	63	65	5,510.87	84.78	.000	87.47		.03
PSYCHOLOGIST	111	205	3,133.72	15.29	.001	28.23		.02
SPEECH AND AUDIOLOGY	543	1,657	83,855.57	50.61	.008	154.43		.41
HOSPICE SERVICES	249	6,691	658,367.99	98.40	.033	2644.05		3.22
NONINST BIRTHING CENTERS	18	18	17,772.91	987.38	.000	987.38		.09
LOCAL EDUCATION AGENCIES 2,3	390	18,793	164,974.45	8.78	.092	69.03		.81
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS 2,0	880	529 <b>,</b> 954	210,425.71	.40	2.590	100.78		1.03
@CALIF. CHILDREN SERVICES*	309	12,610	\$ 2,271,833.97		.062		\$	11.10
@XOVER EXCLUDING STATE HOSP** 8,8	375	505,842	\$ 1,522,176.21	\$ 3.01	2.472	\$ 171.51	\$	7.44

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,765 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						MON	THLY AVERA	GE
11,850 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5 <b>,</b> 378	27 <b>,</b> 127	\$	2,321,671.15	\$ 85.59	2.289	\$ 431.70	\$ 195.92
@PHYSICIANS SERVICES	1,634	4,714	\$	240,495.01	\$ 51.02	.398	147.18	\$ 20.29
OUTPATIENT VISITS	1,069	1,455		50,959.56	35.02	.123	47.67	4.30
OFFICE VISITS	605	801		24,814.78	30.98	.068	41.02	2.09
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	433	499		19,983.07	40.05	.042	46.15	1.69
PREVENTIVE CARE	20	20		710.54	35.53	.002	35.53	.06
OB VISITS/COMPRE PERI	27	102		3,980.16	39.02	.009	147.41	.34

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024	FEE-FOR-SERVICE/DE		KES M	TONIU-OL-BAIMENI KE	TOKI FUK JAN 2	.ooz ihku Di	LC ZUUZ	P.	AGE 14,766 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		יי סשמו	.00	.00	.000	.00	_	.00
ORTHODONTIC SERVICES	10	11		1,135.00	103.18	.001	113.50		.10
FRACTURES, DISLOCATIONS	10	11		1,200.00	1200.00		1200.00		
MAXILLOFACIAL SERVICES	3 1	2			75.00	.000			.01
SPACE MAINTAINERS	4 3	2		720.00 150.00	102.86	.001	180.00 50.00		.06 .01
DENTURES, STAYPLATES	0	0 7		.00	.00	.000	.00		.00
PROSTHETICS		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	148	402		20,640.00	51.34	.034	139.46		1.74
ENDODONTICS				7,191.50	163.44	.004	247.98		.61
PERIODONTICS	2 29	44		245.00	122.50	.000	122.50		.02
ANESTHESIA	2	14		1,100.00	78.57				
	14	8 14				.001	78.57		.00
DRUGS	75	1//		36.68	4.59	.015	5.24		.00
ORAL SURGERY	75	177		14,072.80	79.51	.015	187.64		1.19
VISITS - DIAGNOSTIC	347	1,516	Y	24,857.54	16.40	.128	71.64	۲	2.10
@DENTIST	457	2,186	\$	•	\$ 32.64	.184		Ś	6.02
MEDICAL SUPPLIES	2 <b>,</b> 040	1,701		6,215.54	3.65	.144	101.55		.52
OUTPATIENTS	2,048	4,154		208,803.60	50.27	.351	101.95		17.62
SNF/ICF	10	30		7,099.53	236.65	.003	709.95		.60
PRESCRIPTION DRUGS	2,057	4,184	~	215,903.13	51.60	.353	104.96	~	18.22
@PHARMACY	2,081	5,885	\$	222,118.67	\$ 37.74	.497		Ś	18.74
OTHER SERVICES/ALL X-OVERS	154	323		13,184.69	40.82	.027	85.61		1.11
IMMUNIZATION AND INJECTION	31	48		6,207.65	129.33	.004	200.25		.52
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	400	685		20,085.98	29.32	.058	50.21		1.70
PATHOLOGY	134	248		4,131.90	16.66	.021	30.84		.35
DIALYSIS	11	11		2,871.98	261.09	.001	261.09		.24
ANESTHESIOLOGIST	34	222		5,057.46	22.78	.019	148.75		.43
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	104	131		17,326.21	132.26	.011	166.60		1.46
OUTPATIENT SURGERY	131	353		22,383.67	63.41	.030	170.87		1.89
ANESTHESIOLOGIST	51	687		9,915.36	14.43	.058	194.42		.84
ASSISTANT SURGEON	12	13		1,825.73	140.44	.001	152.14		.15
PRINCIPAL SURGEON	71	97		39,510.66	407.33	.008	556.49		3.33
INPATIENT HOSPITAL SURGERY	112	797		51,251.75	64.31	.067	457.60		4.33
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29		.00
EXAMINATIONS	26	33		1,675.51	50.77	.003	64.44		.14
OPHTHALMOLOGICAL SERVICES	27	34		1,710.80	50.32	.003	63.36		.14
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	32	325		48,966.20	150.67	.027	1530.19		4.13
HOSPITAL VISITS	98	435		18,740.83	43.08	.037	191.23		1.58
INPATIENT VISITS	112	760		67 <b>,</b> 707.03	89.09	.064	604.53		5.71
OTHER OUTPATIENT	30	33		1,471.01	44.58	.003	49.03		.12

----- MONTHLY AVERAGE -----11,850 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE USER @OPTOMETRIST 91 272 \$ 6,391.87 23.50 .023 \$ 70.24 \$ .54 DIAGNOSTIC AND ANC. PROCED 44.37 .006 45.71 .25 68 3,017.05 EYE APPLIANCES 67 196 2,881.11 14.70 .017 43.00 .24 OTHER OPTOMETRIC SERVICES 8 8 493.71 61.71 61.71 .04 .001 2 66.88 \$ 16.72 .000 \$ 33.44 \$ .01 @CHIROPRACTOR 66.88 16.72 VISITS .000 33.44 .01 0 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST 190.81 \$ 31.80 .001 \$ 95.41 \$ .02

SONOMA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

MEDICINE/INJECTIONS       1       3       102.34       34.11       .000       102.34         SURGERY/ANES.       0       0       .00       .00       .00       .00         RADIO./PATHOLOGY       1       2       34.60       17.30       .000       34.60	.00 .00 .00
	.00 .33
	.33
OTHER 1 1 53.87 53.87 .000 53.87	
@HOME HEALTH AGENCY 25 66 \$ 3,930.68 \$ 59.56 .006 \$ 157.23 \$	0.0
NURSE ANESTHESIST 0 0 \$ .00 \$ .00 \$ .00 \$	.00
NURSE MIDWIFE 48 573 \$ 12,671.82 \$ 22.11 .048 \$ 264.00 \$	1.07
PEDIATRIC NURSE PRACTITIONER 0 0 \$ .00 \$ .00 \$ .00 \$	.00
FAMILY NURSE PRACTITIONER 2 12 \$ 94.13 \$ 7.84 .001 \$ 47.07 \$	.01
@TOTAL HOSPITAL 1,585 6,348 \$ 1,477,330.13 \$ 232.72 .536 \$ 932.07 \$	124.67
HOSP INPATIENT TOTAL 106 713 1,315,404.93 1844.89 .060 12409.48	111.00
HSC HOSPITALS 17 117 161,225.40 1377.99 .010 9483.85	13.61
NON-HSC HOSPITAL TOTAL 89 596 1,154,179.53 1936.54 .050 12968.31	97.40
ACCOMMODATIONS 89 596 502,883.22 843.76 .050 5650.37	42.44
ADMINISTRATIVE DAYS 5 54 12,474.81 231.02 .005 2494.96	1.05
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 86 542 490,408.41 904.81 .046 5702.42	41.38
ANCILLARIES 89 0 651,296.31 .00 .000 7317.94	54.96
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 1,517 5,635 161,925.20 28.74 .476 106.74	13.66
MEDICAL 459 615 21,978.24 35.74 .052 47.88	1.85
SURGERY 112 126 5,429.94 43.09 .011 48.48	.46
PATHOLOGY 481 1,721 20,761.71 12.06 .145 43.16	1.75
RADIOLOGY 297 376 22,549.54 59.97 .032 75.92	1.90
ROOM USE 1,160 1,613 62,301.79 38.62 .136 53.71	5.26
CROSSOVERS/ALL OTH OUTPINT 485 1,184 28,903.98 24.41 .100 59.60	2.44
@COUNTY HOSPITAL TOTAL 15 109 \$ 59,672.00 \$ 547.45 .009 \$ 3978.13 \$	5.04
CO HOSPITAL INPATIENT TOTAL 2 43 57,905.00 1346.63 .004 28952.50	4.89
HSC HOSPITALS 2 43 57,905.00 1346.63 .004 28952.50	4.89
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	66	1,767.00	26.77	.006	135.92	.15
MEDICAL	3	3	52.98	17.66	.000	17.66	.00
SURGERY	5	6	232.61	38.77	.001	46.52	.02
PATHOLOGY	6	23	539.94	23.48	.002	89.99	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	8	14	718.96	51.35	.001	89.87	.06
CROSSOVERS/ALL OTH OUTPINT	8	20	222.51	11.13	.002	27.81	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU DE	C 2002	PAGE 14,767
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 44 MIC - 1	NO SOC 03 04 2A 45 4A 4	K 4M 5K 7T	82		

----- MONTHLY AVERAGE -----

11,850 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,573 6,239 1,417,658.13 \$ 227.23 .526 \$ 901.24 \$ 119.63 @COMMUNITY HOSPITAL TOTAL 104 COMM HOSP INPATIENT TOTAL 670 1,257,499.93 1876.87 .057 12091.35 15 74 1396.22 HSC HOSPITALS 103,320.40 .006 6888.03 NON-HSC HOSPITALS TOTAL 596 1,154,179.53 1936.54 .050 12968.31 97.40 ACCOMMODATIONS 596 502,883.22 843.76 .050 5650.37 42.44 5 5 0 54 12,474.81 231.02 .005 2494.96 1.05 ADMINISTRATIVE DAYS 0 .00 .00 .000 TRANSITIONAL IP CARE ALL OTHER ACCOM 542 490,408.41 904.81 .046 5702.42 41.38 0 .00 ANCILLARIES 651,296.31 .000 7317.94 54.96 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 1,507 5,569 .470 160,158.20 28.76 106.28 13.52 456 612 35.83 48.08 MEDICAL 21,925.26 .052 1.85 43.31 107 .010 SURGERY 120 5,197.33 48.57 .44 475 1,698 42.57 PATHOLOGY 20,221.77 11.91 .143 297 RADIOLOGY 376 22,549.54 59.97 .032 75.92 1.90 .135 5.20 1,152 1,599 61,582.83 38.51 53.46 ROOM USE 1,164 24.64 60.13 CROSSOVERS/ALL OTH OUTPINT 28,681.47 .098 @STATE HOSPITAL 0 0 .00 \$ .00 .000 \$ .00 \$ .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY .00 \$ .00 .000 \$ .00 \$ .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 . 00 . 00 .00 .00 .000 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 0 LEV B-REGULAR .00 .000 .00 .00 .000 \$ .00 \$ @INTERMEDIATE CARE FACIL.-DD .00 \$ .00 .00 .00 ICF DDH .00 .00 .00 .000 .00 .00 ICF DD .000 .00 0 .00 ICF DDN/DDCN .000 .00 .00 0 .00 .00 .000 \$ .00 \$ @HEMODIALYSIS TOTAL .00 .00 .00 .00 .000 .00 HOSPITAL BASED HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00

2,392.89 \$

54.21CR

14.33

54.21

.014 \$

.000

170.92

.00

.20

.00

167

1CR

14

@REHABILITATION FACILITY

HOSPITAL BASED

INDEPENDENT FACILITY	14	168	2,447.10		14.57	.014	174.79		.21	
@LABORATORY FACILITY	433	1,230 \$	20,056.57	\$	16.31	.104	\$ 46.32	\$	1.69	
PATHOLOGY	433	1,230	20,056.57		16.31	.104	46.32		1.69	
XO AND OTHERS	0	0	.00		.00	.000	.00		.00	
@ORGANIZED OUTPATIENT CLINIC	1,262	2 <b>,</b> 570 \$	179,857.88	\$	69.98	.217	\$ 142.52	\$	15.18	
CLINIC	304	1,072	24,570.05		22.92	.090	80.82		2.07	
SURGICENTER	3	14	500.36		35.74	.001	166.79		.04	
HEROIN DETOX CLINIC	1	17	203.82		11.99	.001	203.82		.02	
RURAL HEALTH CLINIC	964	1,467	154,583.65		105.37	.124	160.36		13.05	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU D	EC 2002	PF	AGE 14,768	
MOP024	FEE-FOR-SERVICE/DEN	1,230 \$ 20,056.57 \$ 16. 1,230 20,056.57 16. 0 .00 . 2,570 \$ 179,857.88 \$ 69. 1,072 24,570.05 22. 14 500.36 35. 17 203.82 11. 1,467 154,583.65 105. ICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR CE/DENTAL				01/17/				
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 44 MTC - 1	NO SOC 03 04 2A 45	4A 4K	4M 5K 7	т 82				

SONOMA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

----- MONTHLY AVERAGE -----
11 850 FITCIBLES USERS UNITS OF SERVICE EVAPONITIDES AVERAGE COST UNITS (DAYS COST DED

11,850 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	366	3,094	\$	84,725.29	\$ 27.38	.261	\$ 231.49	\$ 7.15
DURABLE MED. EQUIP.	22	446		26,537.72	59.50	.038	1206.26	2.24
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	84	1,846		27,680.70	14.99	.156	329.53	2.34
AMBULANCES/AIR TRANS	84	1,842		20,480.70	11.12	.155	243.82	1.73
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		7,200.00	1800.00	.000	1800.00	.61
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	56	56		4,305.00	76.88	.005	76.88	.36
IHMC, MODEL-NF, NF, AIDS, MSSP	1	1		19.75	19.75	.000	19.75	.00
OCCUPATIONAL THERAPIST	4	70		971.33	13.88	.006	242.83	.08
OPTICIAN	85	189		1,874.62	9.92	.016	22.05	.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	28		4,537.23	162.04	.002	349.02	.38
PROSTHETICS	7	22		4,005.09	182.05	.002	572.16	.34
ORTHOTICS	6	6		532.14	88.69	.001	88.69	.04
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	25	55		12,004.00	218.25	.005	480.16	1.01
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3		2,364.46	788.15	.000	788.15	.20
LOCAL EDUCATION AGENCIES	78	400		4,430.48	11.08	.034	56.80	.37
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	229	1,889	\$	751,759.93	\$ 397.97	.159	\$ 3282.79	\$ 63.44
@XOVER EXCLUDING STATE HOSP**	0	0 3	\$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,769
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

						MON	ITHLY AVERA	.GE
144 ELIGIBLES	USERS	UNITS OF SERVIC	₹	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	232	1,287	\$	235,658.62	\$ 183.11	8.938 \$	1015.77	\$ 1636.52
@PHYSICIANS SERVICES	101	290	\$	17,949.16	\$ 61.89	2.014 \$	177.71	\$ 124.65

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	41	54		2,230.97		41.31	.375		54.41		15.49
OFFICE VISITS	14	19		484.98		25.53	.132		34.64		3.37
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	28	34		1,610.25		47.36	.236		57.51		11.18
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		8.41		8.41	.007		8.41		.06
OTHER OUTPATIENT	0	0		127.33		.00	.000		.00		.88
INPATIENT VISITS	15	25		1,391.16		55.65	.174		92.74		9.66
HOSPITAL VISITS	13	23		1,136.89		49.43	.160		87.45		7.90
CRITICAL CARE	2	2		254.27		127.14	.014		127.14		1.77
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1 4	61		3,213.05		52.67	.424		229.50		22.31
PRINCIPAL SURGEON	7	7		2,046.30		292.33	.049		292.33		14.21
	1	1		121.61		121.61	.049		121.61		.84
ASSISTANT SURGEON	6	53		1,045.14		19.72	.368		174.19		7.26
ANESTHESIOLOGIST	19	59		•							35.72
OUTPATIENT SURGERY				5,144.33		87.19	.410		270.75		
PRINCIPAL SURGEON	12	14		3,730.93		266.50	.097		310.91		25.91
ASSISTANT SURGEON	1	1		134.77		134.77	.007		134.77		.94
ANESTHESIOLOGIST	7	44		1,278.63		29.06	.306		182.66		8.88
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	17		194.42		11.44	.118		21.60		1.35
RADIOLOGY	26	52		1,845.03		35.48	.361		70.96		12.81
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	22		3,930.20		178.65	.153		327.52		27.29
@ PHARMACY	30	88	\$	16,900.43	\$	192.05	.611	\$	563.35	\$	117.36
PRESCRIPTION DRUGS	30	87		16,874.93		193.96	.604		562.50		117.19
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	30	87		16,874.93		193.96	.604		562.50		117.19
MEDICAL SUPPLIES	1	1		25.50		25.50	.007		25.50		.18
@DENTIST	30	117	\$	2,674.00	\$	22.85	.813	\$	89.13	\$	18.57
VISITS - DIAGNOSTIC	19	54		245.00		4.54	.375		12.89		1.70
ORAL SURGERY	5	8		668.16		83.52	.056		133.63		4.64
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		66.84		66.84	.007		66.84		.46
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	1		.00		.00	.007		.00		.00
RESTORATIVE DENTISTRY	12	43		1,694.00		39.40	.299		141.17		11.76
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		.00		.00	.007		.00		.00
ALL OTHER SERVICES	3	9		.00		.00	.063		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		DEC MONT							D.	AGE 14,770
MOP024	FEE-FOR-SERVICE/DENTA		VES MONI	.ii of-faimeni K.	r CK1	. FUR JAN	ZUUZ INKU	שטייי	, 2002	P	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES F		- 900			AID	CODE				01/1//03
SOMORIA COUNTI	SOUTHWALL OF SERVICES F	OV 40 MIC	- 500			AID		MONTE	HLY AVERA	CF	
								-17 VIV T	TITLE AVERA	CIL.	

----- MONTHLY AVERAGE -----144 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2 7 \$ 191.28 \$ 27.33 .049 \$ 95.64 \$ 1.33 @OPTOMETRIST 1 47.45 47.45 .007 47.45 DIAGNOSTIC AND ANC. PROCED .33

EYE APPLIANCES	2	5		74.93		14.99	.035	37.47		.52
OTHER OPTOMETRIC SERVICES	1	1		68.90		68.90	.007	68.90		.48
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000		\$	.00
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	Ö		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000		\$	.00
	0	0	٠ د		\$			·	\$	
NURSE ANESTHESIST	0	0	ې د	.00		.00	.000	·		.00
NURSE MIDWIFE	· ·	0	۶ د	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER			\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	106	698	\$	195,720.37	\$	280.40	4.847	\$ 1846.42	\$	1359.17
HOSP INPATIENT TOTAL	21	54		155,860.15		2886.30	.375	7421.91		1082.36
HSC HOSPITALS	2	10		27 <b>,</b> 056.00		2705.60	.069	13528.00		187.89
NON-HSC HOSPITAL TOTAL	19	4 4		128,804.15		2927.37	.306	6779.17		894.47
ACCOMMODATIONS	19	44		25,113.58		570.76	.306	1321.77		174.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	19	44		25,113.58		570.76	.306	1321.77		174.40
ANCILLARIES	19	0		103,690.57		.00	.000	5457.40		720.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	87	644		39,860.22		61.89	4.472	458.16		276.81
MEDICAL	24	39		1,198.47		30.73	.271	49.94		8.32
SURGERY	21	28		1,851.11		66.11	.194	88.15		12.85
PATHOLOGY	36	369		2,496.43		6.77	2.563	69.35		17.34
	29									
RADIOLOGY		44		4,645.24		105.57	.306	160.18		32.26
ROOM USE	58	83		3,248.72		39.14	.576	56.01		22.56
CROSSOVERS/ALL OTH OUTPTNT		81	_	26,420.25	_	326.18	.563	777.07	_	183.47
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		\$	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	Õ	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000			.00
RADIOLOGY	0	0		.00		.00	.000			.00
	0	0								
ROOM USE	U	•		.00		.00	.000			.00
CROSSOVERS/ALL OTH OUTPINT		OEC AND EXPENDENT	DEG ***	.00.	EDAF	.00	.000			.00
		CES AND EXPENDITU	KES M(	JNTH-OF-PAYMENT R	.EPOR	T FOR JAN	ZUUZ THKU	DEC ZUUZ	Ρ.	AGE 14,771
MOP024	FEE-FOR-SERVICE			~						01/17/03
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR 45 MIC	- SOC	2		AID C				
								ONTHLY AVERA		
144 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER		COST PER

		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	698	\$ 195,720.37	\$ 280.40	4.847	\$ 1846.42	\$ 1359.17
COMM HOSP INPATIENT TOTAL	21	54	155,860.15	2886.30	.375	7421.91	1082.36
HSC HOSPITALS	2	10	27,056.00	2705.60	.069	13528.00	187.89
NON-HSC HOSPITALS TOTAL	19	44	128,804.15	2927.37	.306	6779.17	894.47
ACCOMMODATIONS	19	44	25,113.58	570.76	.306	1321.77	174.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	44	25,113.58	570.76	.306	1321.77	174.40
ANCILLARIES	19	0	103,690.57	.00	.000	5457.40	720.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87	644	39 <b>,</b> 860.22	61.89	4.472	458.16	276.81
MEDICAL	24	39	1,198.47	30.73	.271	49.94	8.32
SURGERY	21	28	1,851.11	66.11	.194	88.15	12.85
PATHOLOGY	36	369	2,496.43	6.77	2.563	69.35	17.34
RADIOLOGY	29	4 4	4,645.24	105.57	.306	160.18	32.26
ROOM USE	58	83	3,248.72	39.14	.576	56.01	22.56
CROSSOVERS/ALL OTH OUTPTNT	34	81	26,420.25	326.18	.563	777.07	183.47
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	17 \$	315.06	\$	18.53	.118	\$	45.01	\$	2.19
PATHOLOGY	7	17	315.06		18.53	.118		45.01		2.19
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	15 \$	1,104.66	\$	73.64	.104	\$	138.08	\$	7.67
CLINIC	1	6	265.59		44.27	.042		265.59		1.84
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	9	839.07		93.23	.063		119.87		5.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2002	THRU	DEC	2002	PAC	GE 14,772
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC		AID CODE					

----- MONTHLY AVERAGE -----144 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 14 55 803.66 14.61 .382 \$ 57.40 \$ 5.58 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 25.00 25.00 HEARING AID DISPENSERS 1 .007 25.00 .17 662.66 16.16 .285 94.67 MEDICAL TRANSPORTATION 4.60 41 662.66 16.16 .285 94.67 4.60 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 16.64 8.32 .014 16.64 .12 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 99.36 9.03 .076 19.87 .69 LOCAL EDUCATION AGENCIES .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 .00 0 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS 0 .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES\* 71,325.90 206.14 2.403 \$ 3242.09 \$ 495.32 .00 .000 \$ .00 \$ @XOVER EXCLUDING STATE HOSP\*\* .00 .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

SONOMA COUNTY	SUMMARY OF SER	VICES FOR 46 MEDICALLY	Y INDIGENT CHILDRE	EN		·m····	25
11 004 57 76757 56					MON		
11,994 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	5,610	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,610	28,414 \$	2,557,329.77	\$ 90.00	2.369 \$		
	1,735	5,004 \$	258,444.17		.417 \$		
OUTPATIENT VISITS	1,110	1,509	53,190.53	35.25	.126	47.92	4.43
OFFICE VISITS	619	820	25 <b>,</b> 299.76	30.85	.068	40.87	2.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	461	533	21,593.32	40.51	.044	46.84	1.80
PREVENTIVE CARE	20	20	710.54	35.53	.002	35.53	.06
OB VISITS/COMPRE PERI	28	103	3,988.57	38.72 48.43	.009	142.45	.33
OTHER OUTPATIENT	30	33	1,598.34	48.43	.003	53.28	.13
INPATIENT VISITS	28 30 127	785	69,098.19	88.02	.065	544.08	5.76
HOSPITAL VISITS	111	458	19,877.72	43.40	.038	179.08	1.66
CRITICAL CARE	34	327	49,220.47	150.52	.027	1447.66	4.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	27	34	1,710.80	50.32	.003	63.36	.14
EXAMINATIONS	26	33	1,675.51	50.77	.003	64.44	.14
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	126	858	54,464.80	63.48	.072	432.26	4.54
PRINCIPAL SURGEON	78	104	41,556.96	399.59	.009	532.78	3.46
ASSISTANT SURGEON	13	14	1,947.34	139.10	.001	149.80	.16
ANESTHESIOLOGIST	57	740	10,960.50	14.81	.062	192.29	.91
OUTPATIENT SURGERY	150	412	27,528.00	66.82	.034	183.52	2.30
PRINCIPAL SURGEON	116	145	21,057.14	145.22	.012	181.53	1.76
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	.01
ANESTHESIOLOGIST	41	266	6,336.09	23.82	.022	154.54	.53
DIALYSIS	11	11	2,871.98	261.09	.001	261.09	.24
PATHOLOGY	143	265	4,326.32	16.33	.022	30.25	.36
RADIOLOGY	426	737	21,931.01	29.76	.061	51.48	1.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		48	6,207.65	129.33	.004	200.25	.52
OTHER SERVICES/ALL X-OVERS	166	345	17,114.89	49.61	.029	103.10	1.43
@PHARMACY	2,111	5 <b>,</b> 973 \$	239,019.10		.498 \$		
DDECCDIDMION DDICC	2 007	4,271	232,778.06	54.50	.356	111.54	19.41
SNF/ICF	2,087 10 2,078 61 487 366 80 7 15 2	30	7,099.53	236.65	.003	709.95	.59
OUTPATIENTS	2 070	4,241	225,678.53	53.21	.354	108.60	18.82
MEDICAL SUPPLIES	2,070 61	1,702	6,241.04	3.67	.142	102.31	.52
@DENTIST	407	2,303 \$	74,022.52		.192 \$		
VISITS - DIAGNOSTIC	407	2,303 ş 1,570	25,102.54	15.99	.131	68.59	2.09
VISIIS - DIAGNOSIIC	300	185		79.68		184.26	1.23
ORAL SURGERY DRUGS	7	185	14,740.96 36.68	4.59	.015 .001	5.24	.00
DRUGS	1 =	15		77.79		77.79	.10
ANESTHESIA	13	2	1,166.84		.001		
PERIODONTICS	2		245.00	122.50	.000	122.50	.02
		45	7,191.50	159.81	.004	247.98	.60
RESTORATIVE DENTISTRY	160	445	22,334.00	50.19		139.59	1.86
PROSTHETICS	0	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	./	720.00	102.86	.001	180.00	.06
MAXILLOFACIAL SERVICES	3	2	150.00	75.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.10
ORTHODONTIC SERVICES	11	12	1,135.00	94.58	.001	103.18	.09
ALL OTHER SERVICES	4	11	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	UNTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,774
MOP024	FEE-FOR-SERVIC	BL / LDB: NPP A L.					01/17/03

01/17/03

FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDIO	CALLY	INDIGENT CHILDRE	EN		24	~ N.T.IT		C.E.	
11 004 ELICIPIES	HOEDO	INTER OF CERTICE		EADENDIMIDEO	70 7 7 77	DACE COCE	MO			ŒE.	
11,994 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST UNIT/DAY					COST PER
@OPTOMETRIST	93	OR DAYS OF CARE 279	\$	6,583.15	PER \$	23.60	.023		USER 70.79	ċ	ELIGIBLE .55
DIAGNOSTIC AND ANC. PROCED	67	69	Ą	3,064.50	Ą	44.41	.006	٧	45.74	ې	.26
EYE APPLIANCES	69	201		2,956.04		14.71	.017		42.84		.25
OTHER OPTOMETRIC SERVICES	9	9		562.61		62.51	.001		62.51		.05
@CHIROPRACTOR	2	4	\$	66.88	\$	16.72	.000	ċ	33.44	ċ	.03
VISITS	2	4	Ą	66.88	Ą	16.72	.000	Ą	33.44	Ş	.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	6	\$	190.81	\$		.001	Ċ		Ċ	.02
MEDICINE/INJECTIONS	∠ 1	3	Ą	102.34	Ą	34.11	.000	٧	102.34	ې	.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	1	1		53.87		53.87	.000		53.87		.00
@HOME HEALTH AGENCY	25	66	\$	3,930.68	\$	59.56	.006	Ċ	157.23	Ċ	.33
NURSE ANESTHESIST	0	0	ب د	.00	\$	.00		\$		\$	.00
NURSE MIDWIFE	48	573	\$		\$	22.11	.048		264.00	\$	1.06
PEDIATRIC NURSE PRACTITIONER		0			۶ \$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	2	12	\$ \$		۶ \$	7.84	.000		47.07		.01
@TOTAL HOSPITAL	1,691	7 <b>,</b> 046	۶ \$			237.45	.587				139.49
HOSP INPATIENT TOTAL	127	7,046	Ą	1,471,265.08		1918.21	.064		11584.76	Ş	122.67
HSC HOSPITALS	19	127		188,281.40		1482.53	.011		9909.55		15.70
NON-HSC HOSPITAL TOTAL	108	640		1,282,983.68		2004.66	.053		11879.48		106.97
ACCOMMODATIONS	108	640				825.00	.053		4888.86		44.02
	5	54		527,996.80 12,474.81		231.02	.005		2494.96		1.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.003		.00		.00
TRANSITIONAL IP CARE	105	586		515,521.99		879.73	.049		4909.73		42.98
ALL OTHER ACCOM ANCILLARIES	103	0		754,986.88		.00	.000		6990.62		62.95
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,604	6 <b>,</b> 279		201,785.42		32.14	.524		125.80		16.82
MEDICAL	483	654		23,176.71		35.44	.055		47.98		1.93
SURGERY	133	154		7,281.05		47.28	.013		54.74		.61
PATHOLOGY	517	2,090		23,258.14		11.13	.174		44.99		1.94
RADIOLOGY	326	420		27,194.78		64.75	.035		83.42		2.27
ROOM USE	1,218	1,696		65,550.51		38.65	.141		53.82		5.47
CROSSOVERS/ALL OTH OUTPTNT		1,265		55,324.23		43.73	.105		106.60		4.61
@COUNTY HOSPITAL TOTAL	15	109	\$		Ġ	547.45		Ċ	3978.13	Ś	4.98
CO HOSPITAL INPATIENT TOTAL		43	Y	57,905.00		1346.63	.004		28952.50	Y	4.83
HSC HOSPITALS	2	43		57,905.00		1346.63	.004		28952.50		4.83
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	13	66		1,767.00		26.77	.006		135.92		.15
MEDICAL	3	3		52.98		17.66	.000		17.66		.00
SURGERY	5	6		232.61		38.77	.001		46.52		.02
PATHOLOGY	6	23		539.94		23.48	.002		89.99		.05
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	8	14		718.96		51.35	.001		89.87		.06
1,0011 001	ŏ	±. ±		7 ± 0 • 9 0		01.00	• 0 0 ±		00.01		• 0 0

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

11,994 ELIGIPLES	SONOMA COUNTY	SUMMARY OF SERVI	CES FOR 46 MEDI	CALLY IN	IDIGENT CHILDR	.EN						<b>C D</b>	
COMMUNITY HOSPITAL TOTAL	11 004 ELICIDIES	HOEDO	INITEC OF CEDITOR		EXPENDIBLEC	77777	ACE COCE					.GE	COCH DED
## STATE HOSPITAL TOTAL 1,679 6,937 S 1,613,378.50 \$ 233.58	11,994 ELIGIBLES	USERS			EXPENDITURES								
COMM MOSF INPATIENT TOTAL	COMMINITELY HOODIEST HOEST	1 670			1 (12 270 50							ć	
NON-HSC NOSTITALS		•	•	Ş								Þ	
NON-HISC HOSPITALS TOTAL   108										-			
ADMINISTRATIVE DAYS  ADMINISTRATIVE DAYS  5 5 4 12,474.81 231.02 .005 2494.96 1.04  TRANSITIONAL IP CARE  0 0 0 1.00 .000 .000 4000 4000 4000  ALL OTHER ACCOM  ANCILLARIES  108 0 754,986.88 .000 .000 6990.62 62.95  INPATIENT CROSSOVERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					•								
### AMMINISTRATIVE DAYS										-			
TRANSITIONAL IP CARE 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					•								
ALL OTHER ACCOM  ANOLILARIES  BABDICLOCY  ASSEMBLY  ANOLILARIES  BABDICLOCY  ASSEMBLY  BABDICLOCY  ASSEMBLY  BABDICLOCY  ASSEMBLY  BABDICLOCY  ASSEMBLY  BABDICLOCY  ASSEMBLY  BABDICLOCY  BABDICLOC					•								
ANCILIARIES 108 0 754,986.88 .00 .000 6990.62 62.95 INPATIENT CROSSOVERS 0 0 0 0 .00 .00 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 0 .00 .00 .000 .000 .000 .000 COM HOSP OVITATIENT TOTAL 1,594 6.213 200.018.42 32.19 .518 125.88 16.68 MEDICAL 4800 651 23,123.73 35.52 .054 46.17 1.93 SURGERY 128 148 7,048.44 47.62 .012 55.07 .59 PATHOLOGY 511 2.067 22.718.20 10.99 .172 444.66 .1.89 RADIOLOGY 3326 420 27.118.20 10.99 .172 444.66 .1.89 RADIOLOGY 326 420 27.118.20 10.99 .172 444.66 .1.89 RADIOLOGY 326 420 27.118.10 10.99 .172 444.66 .1.89 RADIOLOGY 326 420 27.118.20 10.99 .172 444.66 .1.89 RESIDENT 10 1.682 641.811.55 38.54 .140 53.58 5.41 CROSSOVERS/ALL OTH OUTPINT 511 1.245 55.101.72 44.66 .104 10.33 58.64 STATE HOSPITAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0													
THE PRICE NOS SOVERS					•								
ALL OTHER INFATIENT O O O, O,OM O,OD O,OD O,OD O,OD O,OD O,					•								
COMM HOSP OUTPATIENT TOTAL		-	-										
MEDICAL   180   651   23,123,73   35,52   .054   48.17   1.93     SURGERY   128   148   7.408.44   47.62   .012   55.07   .55     PATHOLOGY   511   2,067   22,718.20   10.99   1.72   44.46   1.89     RADIOLOGY   326   420   27,718.20   10.99   1.72   44.26   1.04   107.83   4.59     SCARRE HOSPITAL   0 0 0 \$ 5,00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00     SURSINIS RACILITY   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•											
SURGERY		•											
PATHOLOGY   326   420   22,718.20   10.99   1.72   44.46   1.89   RADIOLOGY   326   420   27,194.78   64.75   0.35   83.42   2.27   ROOM USE   1,210   1,682   64,831.55   38.54   1.40   53.58   5.41   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000   60.000					•								
RADIOLOCY   326													
ROOM USE			•		•								
CROSSOVERS/ALL OTH OUTPINT	RADIOLOGY				•				.035				
SYMATE HOSPITAL	ROOM USE		1,682		64 <b>,</b> 831.55								
MEMTALLY LLL	CROSSOVERS/ALL OTH OUTPINT		1,245		55,101.72		44.26		.104		107.83		4.59
DEVELOP   DISABLED	@STATE HOSPITAL			\$		\$				\$		\$	
ROURSING FACILITY	MENTALLY ILL	7			.00		.00				.00		.00
LEV A - INTERMEDIATE	DEVELOP. DISABLED				.00		.00		.000		.00		.00
LEV B-REHAB MD	@NURSING FACILITY	-	-	\$	.00	\$	.00		.000	\$		\$	.00
LEV B-SUBACUTE FREESTANDING 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	LEV A-INTERMEDIATE	•	0				.00		.000				.00
LEV B-SUBACUTE HSPTL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•			.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE    O	LEV B-SUBACUTE FREESTANDING	-			.00		.00		.000				.00
LEV B-REGULAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE HSPTL BASED				.00		.00		.000				.00
## CINTERMEDIATE CARE FACILDD    CIT DDH	LEV B-TRANSITIONAL IP CARE	-	-				.00		.000				.00
TICF DDH		7											
ICF DD	@INTERMEDIATE CARE FACILDD	•	-	\$		\$				\$		\$	.00
ICF DDN/DDCN	ICF DDH	•	-		.00		.00		.000		.00		.00
### Chemodialysis total 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$	ICF DD	7			.00		.00		.000		.00		.00
HOSPITAL BASED	ICF DDN/DDCN				.00		.00		.000		.00		.00
HEMODIALYSIS CENTER 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	@HEMODIALYSIS TOTAL			\$	.00	\$	.00		.000	\$		\$	.00
GREHABILITATION FACILITY         14         167         \$ 2,392.89         \$ 14.33         .014         \$ 170.92         \$ .20           HOSPITAL BASED         0         1CR         54.21CR         54.21         .000         .00         .00           INDEPENDENT FACILITY         14         168         2,447.10         14.57         .014         174.79         .20           GLABORATORY FACILITY         440         1,247         20,371.63         16.34         .104         \$ 46.30         \$ 1.70           PATHOLOGY         440         1,247         20,371.63         16.34         .104         \$ 46.30         1.70           XO AND OTHERS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <t< td=""><td>HOSPITAL BASED</td><td>•</td><td>0</td><td></td><td>.00</td><td></td><td>.00</td><td></td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></t<>	HOSPITAL BASED	•	0		.00		.00		.000		.00		.00
HOSPITAL BASED 0 1CR 54.21CR 54.21 .000 .00 .00 .00 INDEPENDENT FACILITY 14 168 2,447.10 14.57 .014 174.79 .20 .00 .00 .00 .00 .00 .00 .00 .00 .00	HEMODIALYSIS CENTER	-	-		.00		.00		.000		.00		.00
INDEPENDENT FACILITY  14 168 2,447.10 14.57 .014 174.79 .20  @LABORATORY FACILITY 440 1,247 20,371.63 16.34 .104 46.30 1.70 PATHOLOGY XO AND OTHERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@REHABILITATION FACILITY		167	\$	2,392.89	\$	14.33		.014	\$	170.92	\$	.20
@LABORATORY FACILITY       440       1,247 \$ 20,371.63 \$ 16.34 .104 \$ 46.30 \$ 1.70 PATHOLOGY       440       1,247 20,371.63 16.34 .104 46.30 1.70 AVAILABLE FOR THE FOR THE FOR THE FOR THE PART OF SERVICE / DENTAL       1,247 20,371.63 16.34 .104 46.30 1.70 AVAILABLE FOR THE PART OF PART O	HOSPITAL BASED		1CR		54.21C	R	54.21		.000		.00		.00
PATHOLOGY 440 1,247 20,371.63 16.34 .104 46.30 1.70 XO AND OTHERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INDEPENDENT FACILITY	14	168		2,447.10		14.57		.014		174.79		.20
XO AND OTHERS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .	@LABORATORY FACILITY	440	1,247	\$	20,371.63	\$	16.34		.104	\$	46.30	\$	1.70
@ORGANIZED OUTPATIENT CLINIC         1,270         2,585         \$ 180,962.54         \$ 70.00         .216         \$ 142.49         \$ 15.09           CLINIC         305         1,078         24,835.64         23.04         .090         81.43         2.07           SURGICENTER         3         14         500.36         35.74         .001         166.79         .04           HEROIN DETOX CLINIC         1         17         203.82         11.99         .001         203.82         .02           RURAL HEALTH CLINIC         971         1,476         155,422.72         105.30         .123         160.06         12.96           #CALIF DEPT OF HEALTH SERV         MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002         THRU DEC 2002         PAGE 14,776           MOP024         FEE-FOR-SERVICE/DENTAL         01/17/03	PATHOLOGY	440	1,247		20,371.63		16.34		.104		46.30		1.70
CLINIC 305 1,078 24,835.64 23.04 .090 81.43 2.07 SURGICENTER 3 14 500.36 35.74 .001 166.79 .04 HEROIN DETOX CLINIC 1 17 203.82 11.99 .001 203.82 .02 RURAL HEALTH CLINIC 971 1,476 155,422.72 105.30 .123 160.06 12.96 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,776 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03	XO AND OTHERS	0	0		.00		.00		.000		.00		.00
SURGICENTER       3       14       500.36       35.74       .001       166.79       .04         HEROIN DETOX CLINIC       1       17       203.82       11.99       .001       203.82       .02         RURAL HEALTH CLINIC       971       1,476       155,422.72       105.30       .123       160.06       12.96         #CALIF DEPT OF HEALTH SERV       MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002       THRU DEC 2002       PAGE 14,776         MOP024       FEE-FOR-SERVICE/DENTAL       01/17/03	@ORGANIZED OUTPATIENT CLINIC	1,270	2,585	\$	180,962.54	\$	70.00		.216	\$	142.49	\$	15.09
HEROIN DETOX CLINIC       1       17       203.82       11.99       .001       203.82       .02         RURAL HEALTH CLINIC       971       1,476       155,422.72       105.30       .123       160.06       12.96         #CALIF DEPT OF HEALTH SERV       MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002       THRU DEC 2002       PAGE 14,776         MOP024       FEE-FOR-SERVICE/DENTAL       01/17/03	CLINIC	305	1,078		24,835.64		23.04		.090		81.43		2.07
RURAL HEALTH CLINIC 971 1,476 155,422.72 105.30 .123 160.06 12.96 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,776 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03	SURGICENTER	3	14		500.36		35.74		.001		166.79		.04
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,776 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03	HEROIN DETOX CLINIC	1	17		203.82		11.99		.001		203.82		.02
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03	RURAL HEALTH CLINIC	971	1,476		155,422.72		105.30		.123		160.06		12.96
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES MONTE	H-OF-PAYMENT R	EPORT.	FOR JAN	2002 1	THRU	DEC	2002	P	
SONOMA COUNTY SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN		FEE-FOR-SERVICE/	DENTAL										01/17/03
	SONOMA COUNTY	SUMMARY OF SERVI	CES FOR 46 MEDI	CALLY IN	DIGENT CHILDR	EN.							

						MO	NTHLY AVERA	GE
11,994 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	380	3,149	\$	85,528.95	\$ 27.16	.263	\$ 225.08	\$ 7.13
DURABLE MED. EQUIP.	22	446		26,537.72	59.50	.037	1206.26	2.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	91	1,887		28,343.36	15.02	.157	311.47	2.36
AMBULANCES/AIR TRANS	91	1,883		21,143.36	11.23	.157	232.34	1.76
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	4	4		7,200.00	1800.00	.000	1800.00	.60
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	56	56		4,305.00	76.88	.005	76.88	.36
IHMC, MODEL-NF, NF, AIDS, MSSP	1	1		19.75	19.75	.000	19.75	.00
OCCUPATIONAL THERAPIST	4	70		971.33	13.88	.006	242.83	.08
OPTICIAN	86	191		1,891.26	9.90	.016	21.99	.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	28		4,537.23	162.04	.002	349.02	.38
PROSTHETICS	7	22		4,005.09	182.05	.002	572.16	.33
ORTHOTICS	6	6		532.14	88.69	.001	88.69	.04
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	25	55		12,004.00	218.25	.005	480.16	1.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3		2,364.46	788.15	.000	788.15	.20
LOCAL EDUCATION AGENCIES	83	411		4,529.84	11.02	.034	54.58	.38
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	251	2,235	\$	823,085.83	\$ 368.27	.186	\$ 3279.23	\$ 68.62

@XOVER EXCLUDING STATE HOSP\*\* 0 .00 \$ .00 .000 \$ .00 \$ .00

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,777 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

SONOMA COUNTI	SOMMANT OF SERV	ICES FOR 47 MIA	IVO	SOC AID FAID FE	INDING AI	.D CODE	ירות∩ו	HLY AVERA	CF	
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AWERACE C	OST UNITS/DAY		COST PER		COST PER
03 EDIGIDDES	ODENS	OR DAYS OF CARE		EXIENDITORES		DAY PER ELIC		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4	24	\$	1,012.92	\$ 42.2			253.23	\$	337.64
@PHYSICIANS SERVICES	1	2	Ś	84.75	\$ 42.3				\$	28.25
OUTPATIENT VISITS	1	1	Ψ	68.90	68.9		۲	68.90	7	22.97
OFFICE VISITS	1	1		68.90	68.9			68.90		22.97
HOME VISITS	0	0		.00	.0			.00		.00
EMERGENCY ROOM	0	0		.00	.0			.00		.00
PREVENTIVE CARE	0	0		.00	.0			.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.0			.00		.00
OTHER OUTPATIENT	0	0		.00	.0			.00		.00
INPATIENT VISITS	0	0		.00	.0			.00		.00
HOSPITAL VISITS	0	0		.00	.0			.00		.00
CRITICAL CARE	0	0		.00	.0			.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.0			.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.0			.00		.00
EXAMINATIONS	0	0		.00	.0			.00		.00
SERVICES AND MATERIALS	0	0		.00	.0			.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.0			.00		.00
PRINCIPAL SURGEON	0	0		.00	.0			.00		.00
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ASSISTANT SURGEON ANESTHESIOLOGIST	0	0		.00	.0			.00		.00
OUTPATIENT SURGERY	0	0		.00	.0			.00		.00
PRINCIPAL SURGEON	0	0		.00	.0			.00		.00
	0	0		.00	.0			.00		.00
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ANESTHESIOLOGIST DIALYSIS	0	0		.00	.0			.00		.00
PATHOLOGY	0	0		.00	.0			.00		.00
	0	0		.00	.0			.00		.00
RADIOLOGY PSYCHIATRY	0	0		.00	.0			.00		.00
	1	1		15.85	15.8			15.85		5.28
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	0	0			13.0			.00		.00
@PHARMACY	3	6	\$	.00	\$ 22.4		ċ	44.86	Ś	
-	3	6	Ş	134.59 134.59	\$ 22.4 22.4		Ş	44.86	Ş	44.86
PRESCRIPTION DRUGS	3 0	0		.00	.0			.00		44.86
SNF/ICF	3	6		134.59	22.4			44.86		.00 44.86
OUTPATIENTS	0	0			.0					.00
MEDICAL SUPPLIES	0	14	\$	.00			ċ	.00	Ċ	
@DENTIST	3 1	4	Ş	762.00	\$ 54.4 28.7		Ş	254.00 115.00	\$	254.00 38.33
VISITS - DIAGNOSTIC	1	3		115.00	90.0			270.00		90.00
ORAL SURGERY	0	0		270.00						
DRUGS	0	0		.00	.0			.00		.00
ANESTHESIA	0	0		.00	.0			.00		.00
PERIODONTICS	0	0		.00	.0			.00		.00
ENDODONTICS	3	7		.00	.0			.00		.00 125.67
RESTORATIVE DENTISTRY	3	0		377.00	53.8			125.67		
PROSTHETICS	0	0		.00	.0			.00		.00
DENTURES, STAYPLATES	0	0		.00	.0			.00		.00
SPACE MAINTAINERS	U	U		.00	.0	0 .000		.00		.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 14,778

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

SONOMA COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO S	OC - AID PAID PE	ENDING	AID CO	DDE				
							MC	TNC	HLY AVERA	GΕ	
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$		\$	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	Ö	Ś	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$	.00		\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	Ś	.00	\$	.00		\$	.00	Ś	.00
HOSP INPATIENT TOTAL	0	0	Ψ	.00	т	.00	.000	Τ.	.00	Τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	۲	.00	.000	۲	.00	ې	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0									.00
ALL OTHER ACCOM	0	•		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U	U		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 14,779
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR 47 MIA - NO S	OC - AID PAID PENDING	AID CODE			
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SONOMA COUNTY	SUMMARY OF SER		47 MIA	- NO	SOC - AID PAID PE	ENDIN	G AID CC	DE				01/11/03
201101111	001111111111111111111111111111111111111	. 1020 1010		1.0	000 1112 11112 11		0 1112 00	MC	ONTI	HLY AVERA	GE	
03 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS				COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		2	\$	31.58	\$	15.79	.667	\$	31.58	\$	10.53
PATHOLOGY	1		2		31.58		15.79	.667		31.58		10.53
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0		0		.00		.00	.000		.00		.00

SURGICENTER 0 0 0
HEROIN DETOX CLINIC 0 0
RURAL HEALTH CLINIC 0 0 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,780 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 03 ELIGIBLES OR DAYS OF CARE

OR DAYS OF CARE

O \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 OR DAYS OF CARE ALL OTHER PROVIDERS

DURABLE MED. EQUIP. @ALL OTHER PROVIDERS .00 .00 0 0 . 00 . 000 . 00 . 00 .00 .00 .00 .00 .00 .00 .00 .00 . 00 .00 .00 .00 .00 .00 .00 . 00 . 00 .00 .00 .00 .00 .00 .00 . 00 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SONOMA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,781 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SONOMA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

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						MON	ITHLY AVERAG	Ε
743 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	900	7,280	\$	625,459.98	\$ 85.91	9.798	694.96	\$ 841.80
@PHYSICIANS SERVICES	366	1,445	\$	75,228.50	\$ 52.06	1.945	205.54	\$ 101.25
OUTPATIENT VISITS	156	419		12,239.42	29.21	.564	78.46	16.47
OFFICE VISITS	59	74		2,156.56	29.14	.100	36.55	2.90
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	60	80		3,948.95	49.36	.108	65.82	5.31
PREVENTIVE CARE	1	1		68.73	68.73	.001	68.73	.09
OB VISITS/COMPRE PERI	54	264		6,065.18	22.97	.355	112.32	8.16

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.00	.0	0.0	.00	.00
INPATIENT VISITS	43	178	15,513.00	8	37.15	.2	40	360.77	20.88
HOSPITAL VISITS	40	83	3,790.64	4	15.67	.1	12	94.77	5.10
CRITICAL CARE	10	95	11,722.36	12	23.39	.1	28	1172.24	15.78
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.0	0 0	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	146.09	4	18.70	.0	) 4	73.05	.20
EXAMINATIONS	2	3	146.09	4	18.70	.0	) 4	73.05	.20
SERVICES AND MATERIALS	0	0	.00		.00	.0	0 0	.00	.00
INPATIENT HOSPITAL SURGERY	68	398	32,827.71	8	32.48	.5	36	482.76	44.18
PRINCIPAL SURGEON	41	42	25,463.69	60	06.28	.0	57	621.07	34.27
ASSISTANT SURGEON	4	4	746.00	18	36.50	.0	)5	186.50	1.00
ANESTHESIOLOGIST	32	352	6,618.02	-	.8.80	. 4	74	206.81	8.91
OUTPATIENT SURGERY	27	53	3,282.58	(	51.94	.0	71	121.58	4.42
PRINCIPAL SURGEON	21	26	2,510.98	9	96.58	.0	35	119.57	3.38
ASSISTANT SURGEON	0	0	.00		.00	.0	0 0	.00	.00
ANESTHESIOLOGIST	10	27	771.60	2	28.58	.0	36	77.16	1.04
DIALYSIS	0	0	.00		.00	.0	0 0	.00	.00
PATHOLOGY	60	105	1,693.75	1	6.13	.1	41	28.23	2.28
RADIOLOGY	134	199	6,461.70	3	32.47	.2	68	48.22	8.70
PSYCHIATRY	0	0	.00		.00	.0	0 0	.00	.00
IMMUNIZATION AND INJECTION	12	23	719.64		31.29	.0	31	59.97	.97
OTHER SERVICES/ALL X-OVERS	43	67	2,344.61	3	34.99	.0	90	54.53	3.16
@PHARMACY	241	580	\$ 16,359.82	\$ 2	28.21	.7	31	\$ 67.88	\$ 22.02
PRESCRIPTION DRUGS	236	535	14,176.41	2	26.50	. 7	20	60.07	19.08
SNF/ICF	0	0	.00		.00	.0	0 0	.00	.00
OUTPATIENTS	236	535	14,176.41	2	26.50	. 7	20	60.07	19.08
MEDICAL SUPPLIES	16	45	2,183.41	4	18.52	.0	51	136.46	2.94
@DENTIST	40	150	\$ 5,767.00	\$ 3	88.45	.2	)2	\$ 144.18	\$ 7.76
VISITS - DIAGNOSTIC	27	93	1,379.00	-	4.83	.1	25	51.07	1.86
ORAL SURGERY	10	18	728.00	4	10.44	.0	24	72.80	.98
DRUGS	0	0	.00		.00	.0	0 0	.00	.00
ANESTHESIA	1	1	100.00	10	00.00	.0	01	100.00	.13

PERIODONTICS	1		1		200.00		200.00	.001		200.00		.27
ENDODONTICS	2		2		590.00		295.00	.003		295.00		.79
RESTORATIVE DENTISTRY	12		28		2,482.00		88.64	.038		206.83		3.34
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1		7		288.00		41.14	.009		288.00		.39
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		Ō		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXE	PENDTTII	RES M	IONTH-OF-PAYMENT RI	EPORT					P	AGE 14,782
MOP024	FEE-FOR-SERVICE/I					DI 01()	1 1010 01110 2	1002 11110	рцо	2002		01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE		48 MTZ	- NO	SOC - PREGNANT		AID CO	UDE				01/1//03
SONOFIA COUNTI	SOMMAN OF SERVIN	JES FOR	40 MIA	110	SOC TREGNANT		AID CC	M	ОМТ	HIV ZVEDZ	CF	
743 ELIGIBLES	USERS (	JNITS OF	CEDWICE	7	EXPENDITURES	7/17/17	ERAGE COST				-	COST PER
743 ELIGIBLES	USERS				EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
CODMOMPEDICE	9	OR DAYS			600 53							
@OPTOMETRIST	9		27 9	\$	689.53	\$		.036	Þ	76.61	Þ	.93
DIAGNOSTIC AND ANC. PROCED	9				427.05		47.45	.012		47.45		.57
EYE APPLIANCES	5		18		262.48		14.58	.024		52.50		.35
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000			Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	14		27	\$	1,374.46	\$	50.91	.036	\$	98.18	\$	1.85
NURSE ANESTHESIST	0		0	Ś	.00	\$	.00	.000			\$	.00
NURSE MIDWIFE	102	1	1,391	\$	26,269.00	\$	18.88	1.872			\$	35.36
PEDIATRIC NURSE PRACTITIONER			0	Ś	.00	Ś	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000		.00		.00
@TOTAL HOSPITAL	348	1	L <b>,</b> 967	Ś		'	213.72	2.647		1208.03		565.81
HOSP INPATIENT TOTAL	68	-	280	۲	375,930.59		1342.61	.377	Y	5528.39	Y	505.96
HSC HOSPITALS	2		4		6,340.02			.005		3170.01		8.53
NON-HSC HOSPITAL TOTAL	66		276		369,590.57		1585.01 1339.10	.371		5599.86		497.43
	66		276		150,194.79		544.18			2275.68		202.15
ACCOMMODATIONS	0		276					.371				
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE					.00		.00	.000		.00		.00
ALL OTHER ACCOM					150,194.79		544.18	.371		2275.68		202.15
ANCILLARIES	66		0		219,395.78		.00	.000		3324.18		295.28
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00 142.51		.00
HOSP OUTPATIENT TOTAL	312	1	L <b>,</b> 687		44,463.55		26.36	2.271		142.51		59.84
MEDICAL	44		69		2,906.12		42.12	.093		66.05		3.91
SURGERY	40		74		2,764.38		37.36	.100		69.11		3.72
PATHOLOGY	167		607		7,923.70		13.05	.817		47.45		10.66
RADIOLOGY	93		105		6 <b>,</b> 277.71		59.79	.141		67.50		8.45
ROOM USE	171		309		11,804.02		38.20	.416		69.03		15.89
CROSSOVERS/ALL OTH OUTPTNT	133		523		12,787.62		24.45	.704		96.15		17.21
@COUNTY HOSPITAL TOTAL	3		8	\$	232.77	\$	29.10	.011	\$	77.59	\$	.31
CO HOSPITAL INPATIENT TOTAL			0		.00	•	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
110001110111110110	Ŭ		O		:00		• • • •	.000		• 0 0		• • • •

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	8	232.77	29.10	.011	77.59	.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	44.32	22.16	.003	44.32	.06
ROOM USE	3	4	169.56	42.39	.005	56.52	.23
CROSSOVERS/ALL OTH OUTPTNT	1	2	18.89	9.45	.003	18.89	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES !	MONTH-OF-PAYMENT RE	PORT FOR JAN 20	02 THRU DE	EC 2002	PAGE 14,783
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES E	FOR 48 MIA - N	O SOC - PREGNANT	AID COD	E		
				-	MON	ITHLY AVERAG	GE
743 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST U	NITS/DAYS	COST PER	COST PER

743 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST		COST PER	( 10E	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	345	1,959	\$	420,161.37	\$ 214.48		\$ 1217.86		565.49
COMM HOSP INPATIENT TOTAL	68	280	·	375,930.59	1342.61	.377	5528.39		505.96
HSC HOSPITALS	2	4		6,340.02	1585.01	.005	3170.01		8.53
NON-HSC HOSPITALS TOTAL	66	276		369,590.57	1339.10	.371	5599.86		497.43
ACCOMMODATIONS	66	276		150,194.79	544.18	.371	2275.68		202.15
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	66	276		150,194.79	544.18	.371	2275.68		202.15
ANCILLARIES	66	0		219,395.78	.00	.000	3324.18		295.28
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	309	1,679		44,230.78	26.34	2.260	143.14		59.53
MEDICAL	44	69		2,906.12	42.12	.093	66.05		3.91
SURGERY	40	74		2,764.38	37.36	.100	69.11		3.72
PATHOLOGY	167	607		7,923.70	13.05	.817	47.45		10.66
RADIOLOGY	92	103		6,233.39	60.52	.139	67.75		8.39
ROOM USE	168	305		11,634.46	38.15	.410	69.25		15.66
CROSSOVERS/ALL OTH OUTPTNT	132	521		12,768.73	24.51	.701	96.73		17.19
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000		\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000		\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	1	1	\$	29.06	\$ 29.06	.001		\$	.04
HOSPITAL BASED	1	1		29.06	29.06	.001	29.06		.04

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	210	544	\$	9,734.36	\$	17.89	.732	\$	46.35	\$	13.10
PATHOLOGY	210	544		9,734.36		17.89	.732		46.35		13.10
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	271	1,003	\$	55,276.61	\$	55.11	1.350	\$	203.97	\$	74.40
CLINIC	149	683		21,262.08		31.13	.919		142.70		28.62
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	127	320		34,014.53		106.30	.431		267.83		45.78
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MONTE	H-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 14,784
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE	S FOR 48 MIA	- NO SOC	C - PREGNANT		AID (	CODE				
							N	10NTH	ILY AVERA	GE ·	

					MON	I'HLY AVERA	GE
743 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	82	145 \$	14,337.50	\$ 98.88	.195 \$	174.85	\$ 19.30
DURABLE MED. EQUIP.	3	12	159.69	13.31	.016	53.23	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	40	2,768.78	69.22	.054	553.76	3.73
AMBULANCES/AIR TRANS	5	39	968.78	24.84	.052	193.76	1.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	55	55	4,428.00	80.51	.074	80.51	5.96
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	23	233.74	10.16	.031	23.37	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	9	703.91	78.21	.012	100.56	.95
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	7	9	703.91	78.21	.012	100.56	.95
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	6	6	6,043.38	1007.23	.008	1007.23	8.13
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	69.32CF	R \$ 69.32	.001CR\$	.00	\$ .09CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,785 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							MC	)IN.T.F	HLY AVERA	GE -	
746 ELIGIBLES	USERS	UNITS OF SERVICE	<u>c</u>	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5 (	COST PER	(	COST PER
		OR DAYS OF CARE	C		PER	. UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	904	7,304	\$	626,472.90	\$	85.77	9.791	\$	693.00	\$	839.78
@PHYSICIANS SERVICES	367	1,447	\$	75,313.25	\$	52.05	1.940	\$	205.21	\$	100.96

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	4.55			40 000 00			=		= 0 4 0		4.6 = 0
OUTPATIENT VISITS	157	420		12,308.32		29.31	.563		78.40		16.50
OFFICE VISITS	60	75		2,225.46		29.67	.101		37.09		2.98
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	60	80		3,948.95		49.36	.107		65.82		5.29
PREVENTIVE CARE	1	1		68.73		68.73	.001		68.73		.09
PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT	54	264		6,065.18		22.97	.354		112.32		8.13
OTHER OUTPATIENT		0		.00		.00	.000		.00		.00
INPATIENT VISITS	43	178		15,513.00		87.15	.239		360.77		20.79
HOSPITAL VISITS	40	83		3,790.64		45.67	.111		94.77		5.08
CRITICAL CARE	10	95		11,722.36		123.39	.127		1172.24		15.71
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	3		146.09		48.70	.004		73.05		.20
EXAMINATIONS	2	3		146.09		48.70	.004		73.05		.20
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	68	398		32,827.71		82.48	.534		482.76		44.00
PRINCIPAL SURGEON	41	42		25,463.69		606.28	.056		621.07		34.13
ASSISTANT SURGEON	4	4		746.00		186.50	.005		186.50		1.00
ANESTHESIOLOGIST	32	352		6,618.02		186.50 18.80	.472		206.81		8.87
OUTPATIENT SURGERY	27	53		3,282.58		61.94	.071		121.58		4.40
PRINCIPAL SURGEON	21	26		2,510.98		96.58	.035		119.57		3.37
		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	10	27		771.60		28.58	.036		77.16		1.03
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	60	105		1,693.75		16.13	.141		28.23		2.27
RADIOLOGY	0 10 0 60 134 0	199		6,461.70		32.47	.267		48.22		8.66
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	13	24		735.49		30.65	.032		56.58		.99
OTHER SERVICES/ALL X-OVERS	43	67		2,344.61		34.99	.090		54.53		3.14
@PHARMACY	244	586	Ś	16,494.41	\$	28.15	.786	Ċ	67.60	Ċ	22.11
PRESCRIPTION DRUGS	239	541	Y	14,311.00	٧	26.45	.725	Y	59.88	Y	19.18
SNF/ICF	0	0		.00		.00	.000		.00		.00
	•	541		14,311.00		26.45	.725		59.88		19.18
MEDICAL CUDDLIEC	16	45		2,183.41		48.52	.060		136.46		2.93
@DENTIST	1.5	164	ė	6,529.00	ċ		.220	ċ		ċ	8.75
MICIEC DIACNOCEIC	20	97	Ş	1,494.00		15.40	.130	Ş	53.36	ې	2.00
VISIIS - DIAGNOSIIC	20 11	21		998.00		47.52	.028		90.73		1.34
ORAL SURGERI	11	0					.000		.00		.00
OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS	0	0		.00		.00					.13
ANESTHESIA DEDICONTELCO	1	1		100.00		100.00	.001		100.00		
PERIODONTICS	1	2		200.00		200.00	.001		200.00		.27 .79
ENDODONTICS	2 15	∠ 35		590.00		295.00	.003		295.00		• . •
	15			2,859.00		81.69	.047		190.60		3.83
PROSTHETICS	0 1	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	/		288.00		41.14	.009		288.00		.39
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MON	ITH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 14,786
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#CALIF DEPT OF HEALTH SERV MOP024

SONOMA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

----- MONTHLY AVERAGE -----746 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 689.53 \$ 25.54 .036 \$ 76.61 \$ .92 @OPTOMETRIST 9 27 \$ 9 427.05 DIAGNOSTIC AND ANC. PROCED 9 47.45 .012 47.45 .57

01/17/03

EYE APPLIANCES	5	18	262.48	14.58	.024	52.50	.35
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	14	27	\$ 1,374.46	\$ 50.91	.036	\$ 98.18	\$ 1.84
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	102	1,391	\$ 26,269.00	\$ 18.88	1.865	\$ 257.54	\$ 35.21
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	348	1,967	\$ 420,394.14	\$ 213.72	2.637	\$ 1208.03	\$ 563.53
HOSP INPATIENT TOTAL	68	280	375,930.59	1342.61	.375	5528.39	503.93
HSC HOSPITALS	2	4	6,340.02	1585.01	.005	3170.01	8.50
NON-HSC HOSPITAL TOTAL	66	276	369,590.57	1339.10	.370	5599.86	495.43
ACCOMMODATIONS	66	276	150,194.79	544.18	.370	2275.68	201.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	66	276	150,194.79	544.18	.370	2275.68	201.33
ANCILLARIES	66	0	219,395.78	.00	.000	3324.18	294.10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	312	1,687	44,463.55	26.36	2.261	142.51	59.60
MEDICAL	44	69	2,906.12	42.12	.092	66.05	3.90
SURGERY	40	74	2,764.38	37.36	.099	69.11	3.71
PATHOLOGY	167	607	7,923.70	13.05	.814	47.45	10.62
RADIOLOGY	93	105	6,277.71	59.79	.141	67.50	8.42
ROOM USE	171	309	11,804.02	38.20	.414	69.03	15.82

CROSSOVERS/ALL OTH OUTPTNT	133	523		12 <b>,</b> 787.62		24.45	.701	96.15	17	7.14
@COUNTY HOSPITAL TOTAL	3	8	\$	232.77	\$	29.10	.011	\$ 77.59	\$	.31
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	8		232.77		29.10	.011	77.59		.31
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	1	2		44.32		22.16	.003	44.32		.06
ROOM USE	3	4		169.56		42.39	.005	56.52		.23
CROSSOVERS/ALL OTH OUTPINT	1	2		18.89		9.45	.003	18.89		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MC	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC 2002	PAGE 1	.4,787
MOP024	FEE-FOR-SERVICE/DEN	TAL							01/	/17/03
CONOMA COLINERY	CIIMMADA OE CEDITOEC	EOD 40 ATT	N / T 7\	NO COC						

SONOMA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

SONOPIA COUNTI	SUMMART OF SER	VICES FOR 49 ALL I	'ILA	NO 50C					
							NTHLY AVERA	-	
746 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	345	1,959	\$	420,161.37	\$ 214.48	2.626		\$	563.22
COMM HOSP INPATIENT TOTAL	68	280		375 <b>,</b> 930.59	1342.61	.375	5528.39		503.93
HSC HOSPITALS	2	4		6,340.02	1585.01	.005	3170.01		8.50
NON-HSC HOSPITALS TOTAL	66	276		369 <b>,</b> 590.57	1339.10	.370	5599.86		495.43
ACCOMMODATIONS	66	276		150 <b>,</b> 194.79	544.18	.370	2275.68		201.33
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	66	276		150,194.79	544.18	.370	2275.68		201.33
ANCILLARIES	66	0		219,395.78	.00	.000	3324.18		294.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	309	1,679		44,230.78	26.34	2.251	143.14		59.29
MEDICAL	44	69		2,906.12	42.12	.092	66.05		3.90
SURGERY	40	74		2,764.38	37.36	.099	69.11		3.71
PATHOLOGY	167	607		7,923.70	13.05	.814	47.45		10.62
RADIOLOGY	92	103		6,233.39	60.52	.138	67.75		8.36
ROOM USE	168	305		11,634.46	38.15	.409	69.25		15.60
CROSSOVERS/ALL OTH OUTPINT	132	521		12,768.73	24.51	.698	96.73		17.12
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	29.06	\$	29.06	.001	\$	29.06	\$	.04
HOSPITAL BASED	1	1		29.06		29.06	.001		29.06		.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	211	546	\$	9,765.94	\$	17.89	.732	\$	46.28	\$	13.09
PATHOLOGY	211	546		9,765.94		17.89	.732		46.28		13.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	271	1,003	\$	55 <b>,</b> 276.61	\$	55.11	1.345	\$	203.97	\$	74.10
CLINIC	149	683		21,262.08		31.13	.916		142.70		28.50
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	127	320		34,014.53		106.30	.429		267.83		45.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 14,788
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 49 ALL	MIA	- NO SOC							

					MONT	THLY AVERA	GE
746 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	82	145 \$	14,337.50	\$ 98.88	.194 \$	174.85	\$ 19.22
DURABLE MED. EQUIP.	3	12	159.69	13.31	.016	53.23	.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	40	2,768.78	69.22	.054	553.76	3.71
AMBULANCES/AIR TRANS	5	39	968.78	24.84	.052	193.76	1.30
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.41
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	55	55	4,428.00	80.51	.074	80.51	5.94
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	23	233.74	10.16	.031	23.37	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	7	9	703.91	78.21	.012	100.56	.94
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	7	9	703.91	78.21	.012	100.56	.94
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	6	6	6,043.38	1007.23	.008	1007.23	8.10
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	69.32CF	\$ 69.32	.001CR\$	.00	\$ .09CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY	SUMMARY OF SERVICES F	OR 50 MIA -	SOC -	LTC		AID C					
							M				
57 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	S AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR D	AYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	65	1,597	\$	136,233.91	L \$	85.31	28.018	\$	2095.91	\$	2390.07
@PHYSICIANS SERVICES	15	29	\$	994.99	9 \$	34.31	.509	\$	66.33	\$	17.46
OUTPATIENT VISITS	5	6		158.70	)	26.45	.105		31.74		2.78
OFFICE VISITS	4	5		114.10	)	22.82	.088		28.53		2.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		44.60		44.60	.018		44.60		.78
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
	8	19		600.14		31.59	.333		75.02		10.53
INPATIENT VISITS	0										
HOSPITAL VISITS	•	2CR		75.60		37.80	.035C	K	.00		1.33CR
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	8	21		675.74		32.18	.368		84.47		11.86
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	)	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	)	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	)	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	)	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		28.29		28.29	.018		28.29		.50
PRINCIPAL SURGEON	1	1		28.29		28.29	.018		28.29		.50
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0									
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	•	-		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	3		207.86		69.29	.053		69.29		3.65
@PHARMACY	41	258	\$	14,920.10		57.83	4.526	\$		\$	261.76
PRESCRIPTION DRUGS	41	242		14,786.60		61.10	4.246		360.65		259.41
SNF/ICF	28	201		13,929.49	9	69.30	3.526		497.48		244.38
OUTPATIENTS	13	41		857.11	L	20.91	.719		65.93		15.04
MEDICAL SUPPLIES	2	16		133.50	)	8.34	.281		66.75		2.34
@DENTIST	7	32	\$	876.00	) \$	27.38	.561	\$	125.14	\$	15.37
VISITS - DIAGNOSTIC	7	22		340.00	)	15.45	.386		48.57		5.96
ORAL SURGERY	2	9		436.00	)	48.44	.158		218.00		7.65
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.018		100.00		1.75
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0					.000				
RESTORATIVE DENTISTRY	· ·	0		.00		.00			.00		.00
PROSTHETICS	0	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	)	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	INOM 8	H-OF-PAYMENT	REPOR'	T FOR JAN	2002 THRU	DEC	2002	F	PAGE 14,790
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

SONOMA COUNTY	SUMMARY OF SERV	ICES FOR	SU MIA -	- SOC -	LTC	AID CC		ONTEN:		<b>с</b> п	
55			~==			 	M			GE	
57 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	RAGE COST					COST PER
		OR DAYS	OF CARE	_		UNIT/DAY	PER ELIG		USER	_	ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$ .00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0 0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3		19	\$	504.69	\$ 26.56	.333	\$	168.23	\$	8.85
HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3		19		504.69	26.56	.333		168.23		8.85
MEDICAL	1		1		67.27	67.27	.018		67.27		1.18
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	2		3		77.97	25.99	.053		38.99		1.37
RADIOLOGY	1		5		104.30	20.86	.088		104.30		1.83
ROOM USE	1		2		100.23	50.12	.035		100.23		1.76
CROSSOVERS/ALL OTH OUTPTNT	2		8		154.92	19.37	.140		77.46		2.72
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$ .00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ō		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		Ö		.00	.00	.000		.00		.00
MEDICAL	0		0		.00	.00	.000		.00		.00
SURGERY	0		Ō		.00	.00	.000		.00		.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
RADIOLOGY	Ö		Ö		.00	.00	.000		.00		.00
ROOM USE	0		Ō		.00	.00	.000		.00		.00
	-		-				,				

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

		MONTHLY AVERAGE						GE			
57 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	;	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	19	\$	504.69	\$	26.56	.333	\$	168.23	\$	8.85
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	19		504.69		26.56	.333		168.23		8.85
MEDICAL	1	1		67.27		67.27	.018		67.27		1.18
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	3		77.97		25.99	.053		38.99		1.37
RADIOLOGY	1	5		104.30		20.86	.088		104.30		1.83
ROOM USE	1	2		100.23		50.12	.035		100.23		1.76
CROSSOVERS/ALL OTH OUTPINT	2	8		154.92		19.37	.140		77.46		2.72
@STATE HOSPITAL	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	998	\$	103,185.10	\$	103.39	17.509	\$	4299.38	\$	1810.26
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	7	297		32,775.21		110.35	5.211		4682.17		575.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	701	•	70,409.89		100.44	12.298		4141.76		1235.26
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	10	\$	101.39	\$	10.14	.175	\$	33.80	\$	1.78
PATHOLOGY	3	10		101.39		10.14	.175		33.80		1.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	11.16	\$	.00	.000	\$	.00	\$	.20
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		11.16		.00	.000		.00		.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 14,792
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LTC			AID C	ODE				
							M	ОИТ	HLY AVERA	GE	

SONOMA COUNTI	SUMMARI OF SER	VICES FOR JU MIA	- 300 -	- шіс	AID C	JDE		
						MON	ITHLY AVERA	GE
57 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	9	251	\$	15,640.48	\$ 62.31	4.404	1737.83	\$ 274.39
DURABLE MED. EQUIP.	2	6		327.96	54.66	.105	163.98	5.75
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	117		748.26	6.40	2.053	249.42	13.13
AMBULANCES/AIR TRANS	3	117		748.26	6.40	2.053	249.42	13.13
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	42		3 <b>,</b> 718.79	88.54	.737	1859.40	65.24
PROSTHETICS	2	42		3 <b>,</b> 718.79	88.54	.737	1859.40	65.24
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	2	86		10,845.47	126.11	1.509	5422.74	190.27
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	.00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 .00 \$ .00 .000 \$ .00 \$ .00

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPACE MAINTAINERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,793 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

SONOMA COUNTY	SUMMARI OF SER	VICES FOR SI MIA - SOC	- PREGNANT	AID CC			
					MON'		
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	28	92 \$	14,323.59	\$ 155.69	3.538 \$	511.56	\$ 550.91
@PHYSICIANS SERVICES	11	16 \$	846.67	\$ 52.92	.615 \$	76.97	\$ 32.56
OUTPATIENT VISITS	7	10	670.96	67.10	.385	95.85	25.81
OFFICE VISITS	2	2	139.70	69.85	.077	69.85	5.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	8	531.26	66.41	.308	106.25	20.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT VISITS	1	1	49.30	49.30	.038	49.30	1.90
HOSPITAL VISITS	1	1	49.30	49.30	.038	49.30	1.90
CRITICAL CARE	Ü	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	87.82	87.82	.038	87.82	3.38
PRINCIPAL SURGEON	1	1	87.82	87.82	.038	87.82	3.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.71	.71	.038	.71	.03
	1	1	27.06	27.06	.038	27.06	1.04
RADIOLOGY	1	0					
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	10.82	5.41	.077	5.41	.42
@PHARMACY	6	13 \$	200.40	\$ 15.42	.500 \$		•
PRESCRIPTION DRUGS	6	13	200.40	15.42	.500	33.40	7.71
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	6	13	200.40	15.42	.500	33.40	7.71
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	8 \$	105.00	\$ 13.13	.308 \$	35.00	\$ 4.04
VISITS - DIAGNOSTIC	1	5	.00	.00	.192	.00	.00
ORAL SURGERY	1	1	45.00	45.00	.038	45.00	1.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	60.00	30.00	.077	30.00	2.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
CDAGE MAINEATHER	0	0	.00	.00	.000	.00	.00

.00

.00 .000

.00

.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 14,794
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/17/03

MOPUZ4	FEE-FOK-SERVICE		F1 N4T2	000	DDDGNAND		3.10.00					01/1//0.
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR	SI MIA -	- SOC -	PREGNANT		AID CO		`		C.E.	
26 81 1618182	HOEDO	IINITEG OF	CEDITOR			70 7 7 7	1D3 CE COCE	MO			ŒĔ	
26 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	o	COST PER		COST PER
CODMONDED TOM	1	OR DAYS	OF CARE	ć	47 45		R UNIT/DAY		<u>_</u>	USER	Ċ	ELIGIBLE
@OPTOMETRIST	1		1	\$	47.45	\$	47.45	.038	Þ	47.45	Ş	1.83
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.038		47.45		1.83
EYE APPLIANCES	U		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	_	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1		2	\$	1,140.16	\$	570.08	.077	\$	1140.16	\$	43.85
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8		45	\$	11,153.06	\$	247.85	1.731	\$	1394.13	\$	428.96
HOSP INPATIENT TOTAL	2		7		9,634.78		1376.40	.269		4817.39		370.57
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2		7		9,634.78		1376.40	.269		4817.39		370.57
ACCOMMODATIONS	2		7		1,546.39		220.91	.269		773.20		59.48
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		7		1,546.39		220.91	.269		773.20		59.48
ANCILLARIES	2		0		8,088.39		.00	.000		4044.20		311.09
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6		38		1,518.28		39.95	1.462		253.05		58.40
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	3		4		293.47		73.37	.154		97.82		11.29
PATHOLOGY	2		15		166.89		11.13	.577		55.63		6.42
RADIOLOGY	2		3		501.08		167.03	.115		250.54		19.27
	Δ		0		437.88		54.74	.308		109.47		16.84
ROOM USE	4		Ö									
CROSSOVERS/ALL OTH OUTPINT	3		8	<u>^</u>	118.96	<u> </u>	14.87	.308	<u> </u>	39.65	<u> </u>	4.58
@COUNTY HOSPITAL TOTAL	U		0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	U		0		.00		.00	.000		.00		.00
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 14,795
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	SOC - PREGNANT	AID CODE	2		
					MONTH	TIT IZ ATION A	· -

SONOMA COUNTY	SUMMARY OF SERV		51 MIA -	SOC ·	- PREGNANT		AID CO	DDE				01/1//00
201.0121	001111111111111111111111111111111111111	. 1020 101	0 = 11=11	200	11120111111		1112 00	M	ONT	HLY AVERA	GE.	
26 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8		45	\$	11,153.06	\$	247.85	1.731	\$	1394.13	\$	428.96
COMM HOSP INPATIENT TOTAL	2		7		9,634.78		1376.40	.269		4817.39		370.57
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2		7		9,634.78		1376.40	.269		4817.39		370.57
ACCOMMODATIONS	2		7		1,546.39		220.91	.269		773.20		59.48
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		7		1,546.39		220.91	.269		773.20		59.48
ANCILLARIES	2		0		8,088.39		.00	.000		4044.20		311.09
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6		38		1,518.28		39.95	1.462		253.05		58.40
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	3		4		293.47		73.37	.154		97.82		11.29
PATHOLOGY	3		15		166.89		11.13	.577		55.63		6.42
RADIOLOGY	2		3		501.08		167.03	.115		250.54		19.27
ROOM USE	4		8		437.88		54.74	.308		109.47		16.84
CROSSOVERS/ALL OTH OUTPINT	3		8		118.96		14.87	.308		39.65		4.58
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		4	\$	788.00	\$	197.00	.154	\$	788.00	\$	30.31
CLINIC	0		0		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	4	788.00	197.00	.154	788.00	30.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DE	C 2002	PAGE 14,796
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES E	OR 51 MIA - 5	SOC - PREGNANT	AID COD	Œ		

					MON	THLY AVERA	GE
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	3 \$	42.85	\$ 14.28	.115 \$	42.85	\$ 1.65
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	42.85	14.28	.115	42.85	1.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00

 $<sup>\</sup>ensuremath{\text{@*}}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,797 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 52 ALL MIA -	SOC				01/1//00
					MONT	HLY AVERAGE	
83 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	93	1,689 \$	150,557.50	\$ 89.14		1618.90 \$	1813.95
@PHYSICIANS SERVICES	26	45 \$	1,841.66	\$ 40.93	.542 \$	70.83 \$	22.19
OUTPATIENT VISITS	12	16	829.66	51.85	.193	69.14	10.00
OFFICE VISITS	6	7	253.80	36.26	.084	42.30	3.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	9	575.86	63.98	.108	95.98	6.94
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	20	649.44	32.47	.241	72.16	7.82
HOSPITAL VISITS	1	1CR	26.30CR		.012CR	26.30CR	.32CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	8	21	675.74	32.18	.253	84.47	8.14
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	87.82	87.82	.012	87.82	1.06
PRINCIPAL SURGEON	1	1	87.82	87.82	.012	87.82	1.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	28.29	28.29	.012	28.29	.34
PRINCIPAL SURGEON	1	1	28.29	28.29	.012	28.29	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.71	.71	.012	.71	.01
RADIOLOGY	1	1	27.06	27.06	.012	27.06	.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	_ 5	218.68	43.74	.060	43.74	2.63
@PHARMACY	47	271 \$	15,120.50	\$ 55.80	3.265 \$		182.17
PRESCRIPTION DRUGS	47	255	14,987.00	58.77	3.072	318.87	180.57
SNF/ICF	28	201	13,929.49	69.30	2.422	497.48	167.83
OUTPATIENTS	19	54	1,057.51	19.58	.651	55.66	12.74
MEDICAL SUPPLIES	2	16	133.50	8.34	.193	66.75	1.61
@DENTIST	10	40 \$	981.00	\$ 24.53	.482 \$	98.10 \$	11.82
VISITS - DIAGNOSTIC	8	27	340.00	12.59	.325	42.50	4.10
ORAL SURGERY	3	10	481.00	48.10	.120	160.33	5.80
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.012	100.00	1.20

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	60.00	30.00	.024	30.00	.72
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 14,798
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 83 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 47.45 @OPTOMETRIST 1 1 47.45 .012 \$ 47.45 \$ .57 1 47.45 47.45 .012 47.45 DIAGNOSTIC AND ANC. PROCED .00 .00 .00 0 .000 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .000 \$ @CHIROPRACTOR .00 .00 .00 \$ .00 .00 VISITS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 0 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER Ω .00 .00 .000 .00 . 00 .00 .00 .00 .000 \$ . 00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST 1,140.16 570.08 .024 1140.16 Ś NURSE MIDWIFE 13.74 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 .000 \$ Ś FAMILY NURSE PRACTITIONER .00 .00 .00 .00 11,657.75 .771 \$ 1059.80 @TOTAL HOSPITAL 182.15 4817.39 HOSP INPATIENT TOTAL 9,634.78 1376.40 .084 116.08 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITAL TOTAL 9,634.78 1376.40 .084 4817.39 220.91 773.20 ACCOMMODATIONS 1,546.39 .084 18.63 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 7 ALL OTHER ACCOM 1,546.39 220.91 .084 773.20 18.63 ANCILLARIES 8,088.39 .00 .000 4044.20 97.45 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 . 00 . 00 HOSP OUTPATIENT TOTAL 2,022.97 35.49 .687 224.77 24.37 67.27 67.27 .012 67.27 MEDICAL 1 .81 SURGERY 4 293.47 73.37 .048 97.82 3.54 18 13.60 .217 PATHOLOGY 244.86 48.97 2.95 605.38 75.67 .096 201.79 7.29 RADIOLOGY 10 ROOM USE 538.11 53.81 .120 107.62 6.48 16 273.88 17.12 54.78 3.30 CROSSOVERS/ALL OTH OUTPTNT .193 .00 .00 .00 @COUNTY HOSPITAL TOTAL .000 \$ .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 14,799
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03

----- MONTHLY AVERAGE -----

SONOMA COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

83 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .771 \$ 1059.80 \$ 140.45 @COMMUNITY HOSPITAL TOTAL 11 64 11,657.75 \$ 182.15 2 9,634.78 1376.40 4817.39 COMM HOSP INPATIENT TOTAL .084 116.08 .00 HSC HOSPITALS 0 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 9,634.78 1376.40 .084 4817.39 116.08 220.91 ACCOMMODATIONS 1,546.39 .084 773.20 18.63 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 220.91 ALL OTHER ACCOM 1,546.39 .084 773.20 18.63 ANCILLARIES Ω 8,088.39 .00 .000 4044.20 97.45 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 57 2,022.97 35.49 .687 224.77 24.37 1 67.27 MEDICAL 67.27 .012 67.27 .81 73.37 SURGERY 4 293.47 .048 97.82 3.54 18 13.60 .217 PATHOLOGY 244.86 48.97 2.95 RADIOLOGY 8 605.38 75.67 .096 201.79 7.29 .120 1.0 538.11 53.81 107.62 ROOM USE 6.48 273.88 17.12 .193 54.78 CROSSOVERS/ALL OTH OUTPINT .00 .00 @STATE HOSPITAL 0 .000 \$ .00 \$ .00 0 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY 998 103,185.10 103.39 12.024 4299.38 \$ 1243.19 LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 LEV B-REHAB MD 297 32,775.21 110.35 3.578 4682.17 394.88 LEV B-SUBACUTE FREESTANDING 0 .00 . 00 .000 . 00 . 00 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .000 17 701 70,409.89 100.44 LEV B-REGULAR 8.446 4141.76 848.31 .00 .00 .00 \$ @INTERMEDIATE CARE FACIL.-DD .000 \$ .00 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD 0 .00 .00 .00 .00 .000 ICF DDN/DDCN 0 .00 .00 .00 .00 .000 .00 .00 \$ 0 .00 .00 @HEMODIALYSIS TOTAL .000 \$ .00 .00 .00 .000 .00 HOSPITAL BASED HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 @REHABILITATION FACILITY .00 .00 .000 \$ .00 .00 HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	10 \$	101.39	\$	10.14	.120	\$	33.80	\$	1.22
PATHOLOGY	3	10	101.39		10.14	.120		33.80		1.22
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	4 \$	799.16	\$	199.79	.048	\$	799.16	\$	9.63
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	4	799.16		199.79	.048		799.16		9.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2	2002	PAGI	E 14,800
MOP024	FEE-FOR-SERVICE/DEN	TAL							(	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 52 ALL MIX	A - SOC							

## Health NTY

83 ELIGIBLES USEL

ER PROVIDERS 10

LE MED. EQUIP. 2

J BANK 0 0 0

(ING AID DISPENSERS 0 0 0

/ICAL TRANSPORTATION 3 117

AMBULANCES/AIR TRANS 3 117

OTHER TRANS 0 0 0

ACUPUNCTURE 0 0 0

ACUPUNCTURE 0 0 0

ACUPUNCTURE 0 0 0

GENETIC DISEASE TESTING 0 C

IHMC, MODEL-NF, NF, AIDS, MSSP 0

OCCUPATIONAL THERAPIST 0

OPTICIAN 1

PHYSICAL THERAPIST 0

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OPTICIAN 1

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OPTICIA ----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 254 \$ 15,683.33 \$ 61.75 3.060 \$ 1568.33 \$ 188.96 327.96 54.66 .072 163.98 3.95

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,801 MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE 01/17/03

							MOI	NIHLY AVERA	1GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	.00	\$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 14,802
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

SONOMA COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 Ś .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .000 .00 0 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 .00 .00 .00 VISITS .00 .00 .000 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .000 SURGERY/ANES. .00 .00 .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 .00 OTHER .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$ .00 .000 .00 \$ .00 .000 .00 0 .00 \$ .00 \$ .00 NURSE ANESTHESIST \$ .00 .000 .00 NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$ .00 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 ALL OTHER ACCOM .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	ES MONTH-OF-	-PAYMENT RE	PORT FO	R JAN 2	2002 THRU DEC	2002	PAGE 14,803
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE						

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPI	ENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	3	.00	\$ .00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	\$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES MONTH-C	F-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 14,804
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	. 53 FOR	FUTURE USE								

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024

SONOMA COUNTY	SUMMARY OF SER	VICES FOR 54 MEDICALLY	INDIGENT ADULTS		14017		O.T.		
000 81 1018180	HORDO HINTEG OF CEDUTOR			MONTHLY AVERAGE AVERAGE COST UNITS/DAYS COST PER COST PER					
829 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER		
	997 393 169	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	997	8,993 \$	777,030.40	\$ 86.40	10.848 \$	779.37			
@PHYSICIANS SERVICES	393	1,492 \$	77,154.91	\$ 51.71	1.800 \$	196.32			
OUTPATIENT VISITS	169	436	13,137.98	30.13	.526	77.74	15.85		
OFFICE VISITS	66	82	2,479.26	30.23	.099	37.56	2.99		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	66	89	4,524.81	50.84	.107	68.56	5.46		
PREVENTIVE CARE	1	1	68.73	68.73	.001	68.73	.08		
OB VISITS/COMPRE PERI	1 54	264	6,065.18	22.97	.318	112.32	7.32		
OTHER OUTPATIENT	0 52	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	52	198	16,162.44	81.63	.239	310.82	19.50		
HOSPITAL VISITS	41	82	3,764.34	45.91	.099	91.81	4.54		
CRITICAL CARE	10	95	11,722.36	123.39	.115	1172.24	14.14		
SNF/ICF/TRANS IP CARE	8	21	675.74	32.18	.025	84.47	.82		
OPHTHALMOLOGICAL SERVICES	2	3	146.09	48.70	.004	73.05	.18		
EXAMINATIONS	2	3	146.09	48.70	.004	73.05	.18		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
	69								
INPATIENT HOSPITAL SURGERY		399	32,915.53	82.50	.481	477.04	39.71		
PRINCIPAL SURGEON	42	43	25,551.51	594.22	.052	608.37	30.82		
ASSISTANT SURGEON	4	4	746.00	186.50	.005	186.50	.90		
ANESTHESIOLOGIST	32	352	6,618.02	18.80	.425	206.81	7.98		
OUTPATIENT SURGERY	28	54	3,310.87	61.31	.065	118.25	3.99		
PRINCIPAL SURGEON	22	27	2 <b>,</b> 539.27	94.05	.033	115.42	3.06		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	10	27	771.60	28.58	.033	77.16	.93		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	61	106	1,694.46	15.99	.128	27.78	2.04		
RADIOLOGY	135	200	6,488.76	32.44	.241	48.06	7.83		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	13	24	735.49	30.65	.029	56.58	.89		
OTHER SERVICES/ALL Y-OVERS	48	72	2,563.29	35.60	.087	53.40	3.09		
@PHARMACY	291	857 \$	31,614.91		1.034 \$				
PRESCRIPTION DRUGS	286	796	29,298.00	36.81	.960	102.44	35.34		
SNF/ICF	28	201	13,929.49	69.30	.242	497.48	16.80		
OUTPATIENTS	258	595	15,368.51	25.83	.718	59.57	18.54		
MEDICAL SUPPLIES	1 0	61	2,316.91	37.98	.074	128.72	2.79		
@DENTIST	±0	204 \$	7,510.00		.246 \$	141.70			
VISITS - DIAGNOSTIC	3.6	124	1,834.00	14.79	.150	50.94	2.21		
VISIIS - DIAGNOSIIC	30	31				105.64			
ORAL SURGERY	14	31	1,479.00	47.71	.037		1.78		
DRUGS	291 286 28 258 18 53 36 14 0 2 1	0	.00	.00	.000	.00	.00		
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.24		
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.24		
ENDODONTICS	2	2	590.00	295.00	.002	295.00	.71		
RESTORATIVE DENTISTRY		37	2,919.00	78.89	.045	171.71	3.52		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	1	7	288.00	41.14	.008	288.00	.35		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MOI					PAGE 14,806		
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01/17/03

FEE-FOR-SERVICE/DENTAL

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829 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST			COST PER	-	COST PER
		OR DAYS OF CAR			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	10	28	\$	736.98	\$	26.32	.034	\$	73.70	\$	.89
DIAGNOSTIC AND ANC. PROCED	10	10	·	474.50	·	47.45	.012		47.45		.57
EYE APPLIANCES	5	18		262.48		14.58	.022		52.50		.32
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	14	27	\$	1,374.46	\$	50.91	.033	\$	98.18	\$	1.66
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	103	1,393	\$	27,409.16	\$	19.68	1.680	\$	266.11	\$	33.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	359	2,031	\$	432,051.89	\$	212.73	2.450	\$	1203.49	\$	521.17
HOSP INPATIENT TOTAL	70	287		385,565.37		1343.43	.346		5508.08		465.10
HSC HOSPITALS	2	4		6,340.02		1585.01	.005		3170.01		7.65
NON-HSC HOSPITAL TOTAL	68	283		379,225.35		1340.02	.341		5576.84		457.45
ACCOMMODATIONS	68	283		151,741.18		536.19	.341		2231.49		183.04
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	68	283		151,741.18		536.19	.341		2231.49		183.04
ANCILLARIES	68	0		227,484.17		.00	.000		3345.36		274.41
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	321	1,744		46,486.52		26.66	2.104	144.82		56.08
MEDICAL	45	70		2,973.39		42.48	.084	66.08		3.59
SURGERY	43	78		3,057.85		39.20	.094	71.11		3.69
PATHOLOGY	172	625		8,168.56		13.07	.754	47.49		9.85
RADIOLOGY	96	113		6,883.09		60.91	.136	71.70		8.30
ROOM USE	176	319		12,342.13		38.69	.385	70.13		14.89
CROSSOVERS/ALL OTH OUTPTNT	138	539		13,061.50		24.23	.650	94.65		15.76
@COUNTY HOSPITAL TOTAL	3	8	\$	232.77	\$	29.10	.010	\$ 77.59	\$	.28
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	8		232.77		29.10	.010	77.59		.28
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	1	2		44.32		22.16	.002	44.32		.05
ROOM USE	3	4		169.56		42.39	.005	56.52		.20
CROSSOVERS/ALL OTH OUTPTNT		2		18.89		9.45	.002	18.89		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU I	DEC 2002	PAC	GE 14,807
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	54 MEI	DICALI	LY INDIGENT ADULTS						

----- MONTHLY AVERAGE -----829 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 356 2,023 \$ 213.45 2.440 \$ 1212.98 \$ 520.89 @COMMUNITY HOSPITAL TOTAL 431,819.12 70 287 5508.08 465.10 COMM HOSP INPATIENT TOTAL 385,565.37 1343.43 .346 3170.01 HSC HOSPITALS 6,340.02 1585.01 .005 NON-HSC HOSPITALS TOTAL 68 283 379,225.35 1340.02 .341 5576.84 457.45 .341 68 283 151,741.18 536.19 2231.49 183.04 ACCOMMODATIONS 0 .00 .00 .000 .00 ADMINISTRATIVE DAYS 0 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 536.19 283 151,741.18 .341 2231.49 183.04 ANCILLARIES 0 227,484.17 .00 .000 3345.36 274.41 .00 INPATIENT CROSSOVERS 0 0 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 318 COMM HOSP OUTPATIENT TOTAL 1,736 46,253.75 26.64 2.094 145.45 55.79 MEDICAL 4.5 7.0 2,973.39 42.48 .084 66.08 3.59 78 SURGERY 43 3,057.85 39.20 .094 71.11 3.69 172 625 .754 PATHOLOGY 8,168.56 13.07 47.49 9.85 95 .134 RADIOLOGY 111 6,838.77 61.61 71.99 8.25 173 315 .380 ROOM USE 12,172.57 38.64 70.36 14.68 CROSSOVERS/ALL OTH OUTPTNT 137 537 13,042.61 24.29 .648 95.20 15.73 .000 \$ Ω 0 .00 Ś .00 .00 \$ .00 @STATE HOSPITAL Ω 0 .00 .00 .000 .00 .00 MENTALLY ILL 0 0 DEVELOP. DISABLED .00 .00 .00 .00 .000 103.39 1.204 \$ 4299.38 \$ 998 103,185.10 @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 297 LEV B-REHAB MD 32,775.21 110.35 .358 4682.17 39.54 LEV B-SUBACUTE FREESTANDING 0 .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	701		70,409.89		100.44	.846		4141.76		84.93
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	29.06	\$	29.06	.001	\$	29.06	\$	.04
HOSPITAL BASED	1	1		29.06		29.06	.001		29.06		.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	214	556	\$	9,867.33	\$	17.75	.671	\$	46.11	\$	11.90
PATHOLOGY	214	556		9,867.33		17.75	.671		46.11		11.90
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	272	1,007	\$	56 <b>,</b> 075.77	\$	55.69	1.215	\$	206.16	\$	67.64
CLINIC	149	683		21,262.08		31.13	.824		142.70		25.65
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	128	324		34,813.69		107.45	.391		271.98		41.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MC	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 14,808
MOP024	FEE-FOR-SERVICE/DENTAI	_									01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

BONOTHI COUNTI	COLUMNIC OF CELL	VIOLO TOIL OT HEDIOHEET	INDICENT MECHIC				
					MON	_	
829 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	92	399 \$	30,020.83	\$ 75.24	.481 \$		\$ 36.21
DURABLE MED. EQUIP.	5	18	487.65	27.09	.022	97.53	.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	157	3,517.04	22.40	.189	439.63	4.24
AMBULANCES/AIR TRANS	8	156	1,717.04	11.01	.188	214.63	2.07
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	55	55	4,428.00	80.51	.066	80.51	5.34
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	26	276.59	10.64	.031	25.14	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	51	4,422.70	86.72	.062	491.41	5.33
PROSTHETICS	2	42	3 <b>,</b> 718.79	88.54	.051	1859.40	4.49
ORTHOTICS	7	9	703.91	78.21	.011	100.56	.85
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	86	10,845.47	126.11	.104	5422.74	13.08
NONINST BIRTHING CENTERS	6	6	6,043.38	1007.23	.007	1007.23	7.29
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	69.32CR	\$ 69.32	.001CR\$	.00	\$ .08CR

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

PAGE 14,809

----- MONTHLY AVERAGE -----

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

					MON'		
44,812 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
	33,472	757,031 \$	37,550,015.94	\$ 49.60	16.893 \$		
@PHYSICIANS SERVICES	5 <b>,</b> 266	20,448 \$		\$ 17.70	.456 \$	68.73	
OUTPATIENT VISITS	386	594	25,092.36	42.24	.013	65.01	.56
OFFICE VISITS	282	387	15,301.57	39.54	.009	54.26	.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	116	141	9,326.24	66.14	.003	80.40	.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	63	389.83	6.19	.001	64.97	.01
OTHER OUTPATIENT	3	3	74.72	24.91	.000	24.91	.00
INPATIENT VISITS	86	357	17,202.57	48.19	.008	200.03	.38
HOSPITAL VISITS	72	292	12,243.62	41.93	.007	170.05	.27
CRITICAL CARE	11	42	4,143.90	98.66	.001	376.72	.09
SNF/ICF/TRANS IP CARE	17	23	815.05	35.44	.001	47.94	.02
OPHTHALMOLOGICAL SERVICES	60	72	3,307.72	45.94	.002	55.13	.07
EXAMINATIONS	59	71	3,281.25	46.21	.002	55.61	.07
SERVICES AND MATERIALS	1	1	26.47	26.47	.000	26.47	.00
INPATIENT HOSPITAL SURGERY	46	254	18,433.34	72.57	.006	400.72	.41
PRINCIPAL SURGEON	31	46	13,250.36	288.05	.001	427.43	.30
ASSISTANT SURGEON	6	6	1,082.84	180.47	.000	180.47	.02
ANESTHESIOLOGIST	19	202	4,100.14	20.30	.005	215.80	.09
OUTPATIENT SURGERY	106	336	43,490.52	129.44	.007	410.29	.97
PRINCIPAL SURGEON	87	113	38,661.32	342.14	.003	444.38	.86
ASSISTANT SURGEON	4	4	370.45	92.61	.000	92.61	.01
ANESTHESIOLOGIST	35	219	4,458.75	20.36	.005	127.39	.10
DIALYSIS	8	13	2,022.17	155.55	.000	252.77	.05
PATHOLOGY	80	147	2,760.48	18.78	.003	34.51	.06
RADIOLOGY	299	685	31,660.87	46.22	.015	105.89	.71
	299	0	.00	.00	.000	.00	.00
PSYCHIATRY IMMUNIZATION AND INJECTION	14	78	9,226.53	118.29	.000	659.04	.00
				118.29			
OTHER SERVICES/ALL X-OVERS	4,636	17,912	208,717.18		.400	45.02	4.66
@PHARMACY	27,404	246,353 \$		\$ 26.40	5.497 \$		
PRESCRIPTION DRUGS	27,124	114,745	6,314,879.23	55.03	2.561	232.82	140.92
SNF/ICF	7,272	42,239	2,033,848.62	48.15	.943	279.68	45.39
OUTPATIENTS	20,003	72,506	4,281,030.61	59.04	1.618	214.02	95.53
MEDICAL SUPPLIES	1,954	131,608	188,636.45	1.43	2.937	96.54	4.21
@DENTIST	1,674	5,648 \$	284,808.79		.126 \$		•
VISITS - DIAGNOSTIC	1,180	3,485	55,680.52	15.98	.078	47.19	1.24
ORAL SURGERY	204	595	32,022.66	53.82	.013	156.97	.71
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	8	8	700.00	87.50	.000	87.50	.02
PERIODONTICS	55	59	8,215.00	139.24	.001	149.36	.18
ENDODONTICS	50	63	12,057.00	191.38	.001	241.14	.27
RESTORATIVE DENTISTRY	305	670	64,158.00	95.76	.015	210.35	1.43
PROSTHETICS	14	14	300.00	21.43	.000	21.43	.01
DENTURES, STAYPLATES	300	747	111,625.61	149.43	.017	372.09	2.49
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	7	50.00	7.14	.000	10.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 14,810
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FO	OR 55 ALL AGE	ID .				

	SONOMA COUNTY	SUMMARY OF SER	VICES FOR 55 ALL A	AGED								
OFFICIAL PROPERTY   1											GΕ	
	44,812 ELIGIBLES	USERS			EXPENDITURES				3			
DIAMOSTIC AND ANC. PROCED 95 102 4,495.02 44.07 .002 47.32 .10 EYE APPLIANCES 529 1.557 25.462.23 16.46 .035 48.13 .57 OTHER OPTIONETRIC SERVICES 108 228 3,930.10 17.24 .005 36.39 .009 ECHIROPRACTIC SERVICES 108 228 3,930.10 17.24 .005 36.39 .009 ECHIROPRACTOR 6 16 \$ 2.80.68 \$ 14.25 .000 \$ 38.01 \$ .001 VISITS 3 3 9 150.48 11.00 .000 50.16 .000 OTHER SERVICES 3 7 7 7 77.56 11.00 .000 50.16 .000 OTHER SERVICES 1,343 2.877 7 77.96.62 11.00 .000 25.96 .000 EFOLIARIES 1,343 2.877 7 77.96.62 11.00 .000 25.96 .000 EFOLIARIES 8 8 8 277.79 34.71 .004 91.31 .011 .000 34.31 .011 .000 34.31 .011 .000 34.31 .011 .000 34.31 .011 .000 34.31 .000 .000 34.31 .000 .000 .000 .000 .000 .000 .000 .	_											-
OTHER OPTOMERRIC SERVICES 109 228 3,930.10 17.24 .005 36.39 .09 (CHIROPRACTOR 6 16 \$ 222.06 \$14.25 .000 \$3.61.9 \$0.09 (CHIROPRACTOR) 6 16 \$ 222.06 \$14.25 .000 \$3.61.9 \$0.00 VISITS 3 9 150.48 16.72 .000 \$50.16 .00 CHER SERVICES 3 7 7 77.59 11.08 .000 25.86 .000 CHER SERVICES 1,343 2,877 \$ 17.906.62 \$6.22 .064 \$13.33 \$.00 MEDICINE/INJECTIONS 8 8 8 277.70 34.71 .000 34.71 .000 SUKGERY/ANDES. 6 17 365.79 22.69 .000 64.30 .01 SUKGERY/ANDES. 6 17 365.79 22.69 .000 64.30 .01 SUKGERY/ANDES. 1,332 2,852 17.243.13 6.05 .064 12.95 .38 CHEMBERLYH AGENCY 13 100 \$ 7.082.4 \$ 70.84 .002 \$ 544.90 \$ 1.8 CHEMBERLYH AGENCY 13 100 \$ 7.082.4 \$ 70.84 .002 \$ 544.90 \$ 1.8 CHEMBERLYH AGENCY 13 .000 \$ 7.000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .00			•	Ş	•	Ş			Ş		Ş	
OTHER OPTOMERRIC SERVICES 109 228 3,930.10 17.24 .005 36.39 .09 (CHIROPRACTOR 6 16 \$ 222.06 \$14.25 .000 \$3.61.9 \$0.09 (CHIROPRACTOR) 6 16 \$ 222.06 \$14.25 .000 \$3.61.9 \$0.00 VISITS 3 9 150.48 16.72 .000 \$50.16 .00 CHER SERVICES 3 7 7 77.59 11.08 .000 25.86 .000 CHER SERVICES 1,343 2,877 \$ 17.906.62 \$6.22 .064 \$13.33 \$.00 MEDICINE/INJECTIONS 8 8 8 277.70 34.71 .000 34.71 .000 SUKGERY/ANDES. 6 17 365.79 22.69 .000 64.30 .01 SUKGERY/ANDES. 6 17 365.79 22.69 .000 64.30 .01 SUKGERY/ANDES. 1,332 2,852 17.243.13 6.05 .064 12.95 .38 CHEMBERLYH AGENCY 13 100 \$ 7.082.4 \$ 70.84 .002 \$ 544.90 \$ 1.8 CHEMBERLYH AGENCY 13 100 \$ 7.082.4 \$ 70.84 .002 \$ 544.90 \$ 1.8 CHEMBERLYH AGENCY 13 .000 \$ 7.000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .00		95			•							
## OFFICIAL PROPRIETOR   6		529										
VISITS	OTHER OPTOMETRIC SERVICES	108										
OTHER SERVICES	@CHIROPRACTOR			\$	228.06	\$			\$		\$	
PODITATEIST	VISITS				150.48							
MEDICINE/INJECTIONS	OTHER SERVICES						11.08					.00
SURGERY/ANES.   6	@PODIATRIST	1,343	2 <b>,</b> 877	\$	17,906.62	\$			\$	13.33	\$	.40
RADIO./PATHOLOGY	MEDICINE/INJECTIONS	8	8		277.70					34.71		.01
CTHER   1,332	SURGERY/ANES.	6	17		385.79		22.69	.000		64.30		.01
## HEALTH AGENCY	RADIO./PATHOLOGY	0			.00		.00	.000		.00		.00
## HEALTH AGENCY	OTHER	1,332	2,852		17,243.13		6.05	.064		12.95		.38
NURSE MIDMITE  0 0 5 0.00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .0	@HOME HEALTH AGENCY			\$	7,083.64	\$	70.84	.002	\$	544.90	\$	.16
NURSE MIDWIFE 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .0	NURSE ANESTHESIST	0	0	\$			.00				\$	.00
PEDIATRIC NURSE PRACTITIONER	NURSE MIDWIFE	0	0	\$		\$	.00				\$	.00
### PAPERILY NURSE PRACTITIONER 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .0	PEDIATRIC NURSE PRACTITIONER	. 0		\$							\$	
## BOTAL HOSPITAL   3,969		0	0									
HOSE INPATIENT TOTAL 562 3,716 1,721,100.28 463.16 .083 3062.46 38.41 HSC HOSPITALS 8 41 57,336.33 1398.45 .001 7167.04 1.28 NON-HSC HOSPITAL TOTAL 108 552 1,295,904.55 2347.65 .012 11999.12 28.92 ACCOMMODATIONS 108 552 330,790.12 599.26 .012 3062.87 7.38 ADMINISTRATIVE DAYS 9 60 11,917.68 198.63 .001 1324.19 .27 TRANSITIONAL IP CARE 0 0 0 478.24 .00 .000 .000 .00 .01 ALL OTHER ACCOM 102 492 318,394.20 647.14 .011 3121.51 7.11 ANCILLARIES 107 0 965,114.43 .00 .000 9019.76 21.54 INPATIENT CROSSOVERS 446 3,123 367,859.41 117.79 .070 824.80 8.21 ALL OTHER INPATIENT 0 0 .001 .000 .000 .000 .000 .000 .000		3,969	18.545		2,059,668.48							
HSC HOSPITALS	-		3.716		1.721.100.28	'						
NON-HSC HOSPITAL TOTAL   108												
ACCOMMODATIONS 108 552 330,790.12 599.26 .012 3062.87 7.38 ADMINISTRATIVE DAYS 9 60 11,917.68 198.63 .001 1324.19 .27 TRANSITIONAL IP CARE 0 0 0 478.24 .00 .000 .00 .01 ALL OTHER ACCOM 102 492 318,394.20 647.14 .011 3121.51 7.11 ANCILLARIES 107 0 965,114.43 .00 .000 9019.76 21.54 INPATIENT CROSSOVERS 446 3,123 367,859.41 117.79 .070 824.80 8.21 ALL OTHER INPATIENT 0 0 0 .01CR .00 .000 .00 .00 .00 HOSP OUTPATIENT TOTAL 3,579 14,829 338,568.20 22.83 .331 94.60 7.56 MEDICAL 33,579 14,829 338,568.20 22.83 .331 94.60 7.56 MEDICAL 33,579 14,829 338,568.10 22.83 .331 94.60 7.56 MEDICAL 344 1,287 15,576.91 12.10 .029 45.28 .35 RADIOLOGY 221 328 24,622.57 75.07 .001 95.15 .10 PATHOLOGY 344 1,287 15,576.91 12.10 .029 45.28 .35 RADIOLOGY 221 328 24,622.57 75.07 .007 111.41 .55 ROOM USE 327 489 20,394.07 41.71 .011 62.37 4.66 CROSSOVERS/ALL OTH OUTPTNT 3,125 12,188 256,934.59 21.08 272 82.22 5.73 CROOM USE 327 489 20,394.07 41.71 .011 62.37 4.66 CROSSOVERS/ALL OTH OUTPTNT 3,125 12,188 256,934.59 21.08 272 82.22 5.73 CROOM USE 327 489 20,394.07 41.71 .011 62.37 4.66 CROSSOVERS/ALL OTH OUTPTNT 3,125 12,188 256,934.59 21.08 272 82.22 5.73 CROOM USE 327 489 20,394.07 41.71 .011 62.37 4.66 CROSSOVERS/ALL OTH OUTPTNT 3,125 12,188 256,934.59 21.08 272 82.22 5.73 CROOM USE 327 489 320 320 320 320 320 320 320 320 320 320		-										
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 0 478.24 .00 .000 .000 .01 ALL OTHER ACCOM 102 492 318,394.20 647.14 .011 3121.51 7.11 ANCILLARIES 107 0 965,114.43 .00 .000 9019.76 21.54 INPATIENT CROSSOVERS 446 3,123 367,859.41 117.79 .070 824.80 8.21 ALL OTHER INPATIENT 0 0 0.01cR .00 .000 .000 .000 HOSP OUTPATIENT TOTAL 3,579 14,829 338,568.20 22.83 .331 94.60 7.56 MEDICAL 304 481 16,568.11 34.45 .011 54.50 .37 SURGERY 47 56 4,471.95 79.86 .001 95.15 .10 PATHOLOGY 344 1,287 15,576.91 12.10 .029 45.28 .35 RADIOLOGY 344 1,287 15,576.91 12.10 .029 45.28 .35 RADIOLOGY 321 328 24,622.57 75.07 .007 111.41 .55 ROOM USE 327 489 20,394.07 41.71 .011 62.37 .46 CROSSOVERS/ALL OTH OUTPINT 3,125 12,188 256,934.59 21.08 .272 82.22 5.73 COUNTY HOSPITAL TOTAL 1 7 7,212.04 1030.29 .000 7212.04 .16 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 ACCOMMY HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
TRANSITIONAL IF CARE 0 0 0 478.24 0.00 .000 .000 .00 .01 ALL OTHER ACCOM 102 492 318,394.20 647.14 .011 3121.51 7.11 ANCILIARIES 107 0 965.114.43 .00 .000 9019.76 21.54 INPATIENT CROSSOVERS 446 3,123 367,859.41 117.79 .070 824.80 8.21 ALL OTHER INPATIENT 0 0 .000 .000 .000 .000 .000 .000 .00												
ALL OTHER ACCOM 102 492 318,394.20 647.14 .011 3121.51 7.11 ANCILLARIES 107 0 965,114.43 .00 .000 9019.76 21.54 117.41 117.41 117.41 117.42 117.42 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.45 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 117.44 11												
ANCILLARIES 107 0 965,114.43 .00 .000 9019.76 21.54 INPATIENT CROSSOVERS 446 3,123 367,859.41 117.79 .070 824.80 8.21 ALL OTHER INPATIENT 0 0 0 .01CR .00 .000 .00 .00 .00 .00 .00 .00 .00 .		•										
INPATIENT CROSSOVERS												
ALL OTHER INPATIENT 0 0 0 0.01CR 0.0 0.00 0.00 0.00 0.00 0.00 0.00 0.0					•							
HOSP OUTPATIENT TOTAL   3,579			•		•	>						
MEDICAL         304         481         16,568.11         34.45         .011         54.50         .37           SURGERY         47         56         4,471.95         79.86         .001         95.15         .10           PATHOLOGY         344         1,287         15,576.91         12.10         .029         45.28         .35           RADIOLOGY         221         328         24,622.57         75.07         .007         111.41         .55           ROOM USE         327         489         20,394.07         41.71         .011         62.37         .46           CROSSOVERS/ALL OTH OUTPTNT         3,125         12,188         256,934.59         21.08         .272         82.22         5.73           @COUNTY HOSPITAL TOTAL         4         22         \$ 7,498.59         \$ 340.85         .000         \$ 1874.65         \$ .17           CO HOSPITAL INPATIENT TOTAL         1         7         7,212.04         1030.29         .000         7212.04         .16           HSC HOSPITALS         1         7         7,212.04         1030.29         .000         7212.04         .16           NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00 <td></td> <td>3 579</td> <td></td> <td></td> <td></td> <td>`</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		3 579				`						
SURGERY         47         56         4,471.95         79.86         .001         95.15         .10           PATHOLOGY         344         1,287         15,576.91         12.10         .029         45.28         .35           RADIOLOGY         221         328         24,622.57         75.07         .007         111.41         .55           ROOM USE         327         489         20,394.07         41.71         .011         62.37         .46           CROSSOVERS/ALL OTH OUTPINT         3,125         12,188         256,934.59         21.08         .272         82.22         5.73           @COUNTY HOSPITAL TOTAL         4         22         \$         7,498.59         \$ 340.85         .000         \$ 1874.65         \$ .17           CO HOSPITAL INPATIENT TOTAL         1         7         7,212.04         1030.29         .000         7212.04         .16           HSC HOSPITALS         1         7         7,212.04         1030.29         .000         7212.04         .16           NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00												
PATHOLOGY         344         1,287         15,576.91         12.10         .029         45.28         .35           RADIOLOGY         221         328         24,622.57         75.07         .007         111.41         .55           ROOM USE         327         489         20,394.07         41.71         .011         62.37         .46           CROSSOVERS/ALL OTH OUTPTNT         3,125         12,188         256,934.59         21.08         .272         82.22         5.73           @COUNTY HOSPITAL TOTAL         4         22         \$ 7,498.59         \$ 340.85         .000         \$ 1874.65         \$ 17           CO HOSPITAL INPATIENT TOTAL         1         7         7,212.04         1030.29         .000         7212.04         .16           HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00												
RADIOLOGY 221 328 24,622.57 75.07 .007 111.41 .55 ROOM USE 327 489 20,394.07 41.71 .011 62.37 .46 CROSSOVERS/ALL OTH OUTPTNT 3,125 12,188 256,934.59 21.08 .272 82.22 5.73 GCOUNTY HOSPITAL TOTAL 4 22 \$ 7,498.59 \$ 340.85 .000 \$ 1874.65 \$ .17 CO HOSPITAL INPATIENT TOTAL 1 7 7,212.04 1030.29 .000 7212.04 .16 HSC HOSPITALS 1 7 7,212.04 1030.29 .000 7212.04 .16 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .000 .000 .000 .000 .00												
ROOM USE         327         489         20,394.07         41.71         .011         62.37         .46           CROSSOVERS/ALL OTH OUTPTNT         3,125         12,188         256,934.59         21.08         .272         82.22         5.73           @COUNTY HOSPITAL TOTAL         4         22         \$ 7,498.59         \$ 340.85         .000         \$ 1874.65         \$ 17           CO HOSPITAL INPATIENT TOTAL         1         7         7,212.04         1030.29         .000         7212.04         .16           HSC HOSPITALS         1         7         7,212.04         1030.29         .000         7212.04         .16           NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .000         .00         .00         .00           ACCOMMODATIONS         0         0         .00         .00         .00         .00         .00         .00         .00         .00           ADMINISTRATIVE DAYS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td></td>												
CROSSOVERS/ALL OTH OUTPTNT         3,125         12,188         256,934.59         21.08         .272         82.22         5.73           @COUNTY HOSPITAL TOTAL         4         22         \$         7,498.59         \$ 340.85         .000         \$ 1874.65         \$ .17           CO HOSPITAL INPATIENT TOTAL         1         7         7,212.04         1030.29         .000         7212.04         .16           HSC HOSPITALS         1         7         7,212.04         1030.29         .000         7212.04         .16           NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         <												
@COUNTY HOSPITAL TOTAL       4       22       \$       7,498.59       \$ 340.85       .000       \$ 1874.65       \$ .17         CO HOSPITAL INPATIENT TOTAL       1       7       7,212.04       1030.29       .000       7212.04       .16         HSC HOSPITALS       1       7       7,212.04       1030.29       .000       7212.04       .16         NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00       .00         ACCOMMODATIONS       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00 </td <td></td>												
CO HOSPITAL INPATIENT TOTAL       1       7       7,212.04       1030.29       .000       7212.04       .16         HSC HOSPITALS       1       7       7,212.04       1030.29       .000       7212.04       .16         NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00         ACCOMMODATIONS       0       0       .00       .00       .00       .00       .00       .00         ADMINISTRATIVE DAYS       0       0       .00       .00       .00       .00       .00       .00         TRANSITIONAL IP CARE       0       0       .00       .00       .00       .00       .00       .00       .00         ANCILLARIES       0       0       .00       .00       .00       .00       .00       .00       .00         INPATIENT CROSSOVERS       0       0       .00       .00       .00       .00       .00       .00       .00       .00		•		ċ		<b>~</b>	21.00		<u>ب</u>		ċ	
HSC HOSPITALS       1       7       7,212.04       1030.29       .000       7212.04       .16         NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00         ACCOMMODATIONS       0       0       .00       .00       .00       .00       .00       .00         ADMINISTRATIVE DAYS       0       0       .00       .00       .00       .00       .00       .00         TRANSITIONAL IP CARE       0       0       .00       .00       .00       .00       .00       .00       .00         ALL OTHER ACCOM       0       0       .00       .00       .00       .00       .00       .00       .00         ANCILLARIES       0       0       .00       .00       .00       .00       .00       .00       .00       .00         INPATIENT CROSSOVERS       0       0       .00       .00       .00       .00       .00       .00       .00		<del>-</del>		P		Þ			Ş		Ą	
NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00		1										
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		1										
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		o o	0									
TRANSITIONAL IP CARE       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00 <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			0									
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00												
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00		•										
		•										
ALL OTHER INPATIENT U U .00 .00 .00 .00 .00		•	-									
	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	3	15		286.55	19.10	.000	95.52	.01
MEDICAL	1	2		35.78	17.89	.000	35.78	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	8		63.62	7.95	.000	63.62	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	5		187.15	37.43	.000	62.38	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	S MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 14,811
MOP024	FEE-FOR-SERVIC	E/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR 55 ALL A	AGED					
							ONTHLY AVERA	GE
44,812 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3 <b>,</b> 965	· · · · · · · · · · · · · · · · · · ·	\$	2,052,169.89	\$ 110.79	.413	•	•
COMM HOSP INPATIENT TOTAL	561	3 <b>,</b> 709		1,713,888.24	462.09		3055.06	38.25
HSC HOSPITALS	7	34		50,124.29	1474.24	.001	7160.61	1.12
NON-HSC HOSPITALS TOTAL	108	552		1,295,904.55	2347.65	.012	11999.12	28.92
ACCOMMODATIONS	108	552		330,790.12	599.26	.012	3062.87	7.38
ADMINISTRATIVE DAYS	9	60		11,917.68	198.63	.001	1324.19	.27
TRANSITIONAL IP CARE	0	0		478.24	.00	.000	.00	.01
ALL OTHER ACCOM	102	492		318,394.20	647.14	.011	3121.51	7.11
ANCILLARIES	107	0		965,114.43	.00	.000	9019.76	21.54
INPATIENT CROSSOVERS	446	3,123		367 <b>,</b> 859.41	117.79	.070	824.80	8.21
ALL OTHER INPATIENT	0	0		.01CR	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,576	14,814		338,281.65	22.84	.331	94.60	7.55
MEDICAL	303	479		16,532.33	34.51	.011	54.56	.37
SURGERY	47	56		4,471.95	79.86	.001	95.15	.10
PATHOLOGY	343	1,279		15,513.29	12.13	.029	45.23	.35
RADIOLOGY	221	328		24,622.57	75.07	.007	111.41	.55
ROOM USE	327	489		20,394.07	41.71	.011	62.37	.46
CROSSOVERS/ALL OTH OUTPINT	3,122	12,183		256,747.44	21.07	.272	82.24	5.73
@STATE HOSPITAL	72	2,181	\$	942,841.02	\$ 432.30	.049	\$ 13095.01	\$ 21.04

MENTALLY ILL 0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED 72	2,181		942,841.02		432.30	.049		13095.01		21.04
@NURSING FACILITY 8,469	267 <b>,</b> 298	\$	24,840,146.68	\$	92.93	5.965	\$	2933.07	\$	554.32
LEV A-INTERMEDIATE 2	52		4,947.04		95.14	.001		2473.52		.11
LEV B-REHAB MD 16	840		81,103.30		96.55	.019		5068.96		1.81
LEV B-SUBACUTE FREESTANDING 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 8	298		124,150.58		416.61	.007		15518.82		2.77
LEV B-TRANSITIONAL IP CARE 0	0		.00		.00	.000		.00		.00
LEV B-REGULAR 8,449	266,108		24,629,945.76		92.56	5.938		2915.13		549.63
@INTERMEDIATE CARE FACILDD 58	1,873	\$	262,797.40	\$	140.31	.042	\$	4530.99	\$	5.86
ICF DDH 49	1,571		213,485.75		135.89	.035		4356.85		4.76
ICF DD 0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN 9	302		49,311.65		163.28	.007		5479.07		1.10
@HEMODIALYSIS TOTAL 142	359	\$	99,943.12	\$	278.39	.008	\$	703.82	\$	2.23
HOSPITAL BASED 0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER 142	359		99,943.12		278.39	.008		703.82		2.23
@REHABILITATION FACILITY 1	1	\$	29.06	\$	29.06	.000	\$	29.06	\$	.00
HOSPITAL BASED 1	1		29.06		29.06	.000		29.06		.00
INDEPENDENT FACILITY 0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY 252	1,068	\$	11,525.77	\$	10.79	.024	\$	45.74	\$	.26
PATHOLOGY 241	1,053		11,336.93		10.77	.023		47.04		.25
XO AND OTHERS 11	15		188.84		12.59	.000		17.17		.00
@ORGANIZED OUTPATIENT CLINIC 2,233	3 <b>,</b> 576	\$	208,575.10	\$	58.33	.080	\$	93.41	\$	4.65
CLINIC 7	16		324.10		20.26	.000		46.30		.01
SURGICENTER 162	247		35,074.44		142.00	.006		216.51		.78
HEROIN DETOX CLINIC 1	8		120.21		15.03	.000		120.21		.00
RURAL HEALTH CLINIC 2,077	3 <b>,</b> 305		173 <b>,</b> 056.35		52.36	.074		83.32		3.86
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVIC	CES AND EXPENDITU	JRES N	MONTH-OF-PAYMENT RI	EPOR'	r for jan	2002 THRU	DEC	2002	PA	AGE 14,812
MOP024 FEE-FOR-SERVICE	E/DENTAL									01/17/03
SONOMA COUNTY SUMMARY OF SERV	ICES FOR 55 ALI	AGEI	)							

					MON	ILLI AVEKA	GE
44,812 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5,745	184,811 \$	1,915,145.43	\$ 10.36	4.124 \$	333.36	\$ 42.74
DURABLE MED. EQUIP.	360	1,634	267,101.90	163.47	.036	741.95	5.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	134	205	29 <b>,</b> 611.86	144.45	.005	220.98	.66
MEDICAL TRANSPORTATION	1,394	38,863	199,436.64	5.13	.867	143.07	4.45
AMBULANCES/AIR TRANS	65	676	10,354.81	15.32	.015	159.30	.23
OTHER TRANS	688	31,503	136,272.21	4.33	.703	198.07	3.04
OTHER SERVICES	720	6,684	52,809.62	7.90	.149	73.35	1.18
ACUPUNCTURE	36	92	1,609.81	17.50	.002	44.72	.04
ADULT DAY HEALTH CARE CTR	236	2 <b>,</b> 537	169,183.58	66.69	.057	716.88	3.78
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	1,248	7,381	493,303.06	66.83	.165	395.27	11.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	766	1,836	23,723.55	12.92	.041	30.97	.53
PHYSICAL THERAPIST	4	22	127.85	5.81	.000	31.96	.00
PORTABLE X-RAY	30	51	71.36	1.40	.001	2.38	.00
PROSTHETIST/ORTHOTISTS	14	27	588.15	21.78	.001	42.01	.01
PROSTHETICS	13	25	508.25	20.33	.001	39.10	.01
ORTHOTICS	1	2	79.90	39.95	.000	79.90	.00
PSYCHOLOGIST	86	125	1,088.51	8.71	.003	12.66	.02
SPEECH AND AUDIOLOGY	201	465	27,216.64	58.53	.010	135.41	.61
HOSPICE SERVICES	228	6,105	586,322.08	96.04	.136	2571.59	13.08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1 <b>,</b> 955	125,468	115,760.44	.92	2.800	59.21	2.58
@CALIF. CHILDREN SERVICES*	1	1	\$ 245.16	\$ 245.16	.000	\$ 245.16	\$ .01
@XOVER EXCLUDING STATE HOSP**	10,419	121,468	\$ 1,588,694.97	\$ 13.08	2.711	\$ 152.48	\$ 35.45

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,813 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY	SUMMARY OF SER	VICES FOR 56 ALL BLIND					
					MONT	'HLY AVERA	GE
2,930 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,032	141,436 \$	2,032,626.35	\$ 14.37			
@PHYSICIANS SERVICES	500	1 <b>,</b> 729 \$	65 <b>,</b> 458.81	\$ 37.86	.590 \$	130.92	•
OUTPATIENT VISITS	191	304	11,159.09	36.71	.104	58.42	3.81
OFFICE VISITS	157	239	7,401.52	30.97	.082	47.14	2.53
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	40	50	3,098.80	61.98	.017	77.47	1.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	15	658.77	43.92	.005	59.89	.22
INPATIENT VISITS	47	303	10,602.34	34.99	.103	225.58	3.62
HOSPITAL VISITS	46	293	9,412.46	32.12	.100	204.62	3.21
CRITICAL CARE	2	10	1,189.88	118.99	.003	594.94	.41
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	31	40	1,846.63	46.17	.014	59.57	.63
EXAMINATIONS	30	39	1,811.34	46.44	.013	60.38	.62
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.01
INPATIENT HOSPITAL SURGERY	17	83	6,636.52	79.96	.028	390.38	2.27
PRINCIPAL SURGEON	13	19	4,729.82	248.94	.006	363.83	1.61
ASSISTANT SURGEON	1	1	238.27	238.27	.000	238.27	.08
ANESTHESIOLOGIST	9	63	1,668.43	26.48	.022	185.38	.57
OUTPATIENT SURGERY	40	120	10,422.31	86.85	.041	260.56	3.56
PRINCIPAL SURGEON	24	34	7,240.63	212.96	.012	301.69	2.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	18	86	3,181.68	37.00	.029	176.76	1.09
DIALYSIS	3	20	797.14	39.86	.007	265.71	.27
PATHOLOGY	29	55	892.34	16.22	.019	30.77	.30
RADIOLOGY	75	130	6,112.38	47.02	.044	81.50	2.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	13	424.75	32.67	.004	53.09	.14
OTHER SERVICES/ALL X-OVERS	269	661	16,565.31	25.06	.226	61.58	5.65
@PHARMACY	1,617	38 <b>,</b> 791 \$		\$ 12.34	13.239 \$		•
PRESCRIPTION DRUGS	1,582	6 <b>,</b> 469	428,444.76	66.23	2.208	270.82	146.23
SNF/ICF	49	265	17,130.72	64.64	.090	349.61	5.85
OUTPATIENTS	1,536	6,204	411,314.04	66.30	2.117	267.78	140.38
MEDICAL SUPPLIES	273	32,322	50,163.90	1.55	11.031	183.75	17.12
@DENTIST	139	528 \$	•	\$ 46.39	.180 \$		
VISITS - DIAGNOSTIC	102	328	5,187.00	15.81	.112	50.85	1.77
ORAL SURGERY	20	77	4,022.00	52.23	.026	201.10	1.37
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.07

PERIODONTICS	6	13	1,680.00	129.23	.004	280.00	.57
ENDODONTICS	6	10	2,580.00	258.00	.003	430.00	.88
RESTORATIVE DENTISTRY	30	67	6,020.50	89.86	.023	200.68	2.05
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	12	29	4,773.00	164.59	.010	397.75	1.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 14,814
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

MOP024

SONOMA COUNTY	SUMMARY OF SERV	VICES FOR 56 ALL	BLIND							
								HLY AVERA	GE	
2,930 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF CAR			PΕ	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	27	64	\$	2,858.31	\$	44.66	.022	\$	\$	.98
DIAGNOSTIC AND ANC. PROCED	5	5		230.80		46.16	.002	46.16		.08
EYE APPLIANCES	17	51		2 <b>,</b> 157.67		42.31	.017	126.92		.74
OTHER OPTOMETRIC SERVICES	7	8		469.84		58.73	.003	67.12		.16
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	53	95	\$	715.95	\$	7.54	.032	\$ 13.51	\$	.24
MEDICINE/INJECTIONS	7	8		210.00		26.25	.003	30.00		.07
SURGERY/ANES.	1	1		27.18		27.18	.000	27.18		.01
RADIO./PATHOLOGY	2	3		60.54		20.18	.001	30.27		.02
OTHER	46	83		418.23		5.04	.028	9.09		.14
@HOME HEALTH AGENCY	58	4,251	\$	139,724.50	\$	32.87	1.451	\$ 2409.04	\$	47.69
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	456	3,225	\$	459,748.15	\$	142.56	1.101	\$ 1008.22	\$	156.91
HOSP INPATIENT TOTAL	58	343		397,400.32		1158.60	.117	6851.73		135.63
HSC HOSPITALS	5	41		55,100.00		1343.90	.014	11020.00		18.81
NON-HSC HOSPITAL TOTAL	23	146		317,364.88		2173.73	.050	13798.47		108.32
ACCOMMODATIONS	23	146		77,685.75		532.09	.050	3377.64		26.51
ADMINISTRATIVE DAYS	6	35		7,780.20		222.29	.012	1296.70		2.66
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	20	111		69,905.55		629.78	.038	3495.28		23.86
ANCILLARIES	23	0		239,679.13		.00	.000	10420.83		81.80
INPATIENT CROSSOVERS	30	156		24,935.44		159.84	.053	831.18		8.51
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	422	2,882		62,347.83		21.63	.984	147.74		21.28
MEDICAL	122	206		15,302.04		74.28	.070	125.43		5.22
SURGERY	21	25		2,163.03		86.52	.009	103.00		.74
PATHOLOGY	128	838		9,605.22		11.46	.286	75.04		3.28
RADIOLOGY	52	73		3,516.07		48.17	.025	67.62		1.20
ROOM USE	159	246		9,396.04		38.20	.084	59.09		3.21
CROSSOVERS/ALL OTH OUTPTNT	263	1,494		22,365.43		14.97	.510	85.04		7.63
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00

ADMINITORDARIUS DAVO	0	0	0.0	0.0	0.00	0.0	0.0
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	EC 2002	PAGE 14,815
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 56 ALL BLIND					
						NTHLY AVERAC	E
2,930 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	456	3 <b>,</b> 225 \$	459,748.15	\$ 142.56	1.101	\$ 1008.22	\$ 156.91
COMM HOSP INPATIENT TOTAL	58	343	397,400.32	1158.60	.117	6851.73	135.63
HSC HOSPITALS	5	41	55,100.00	1343.90	.014	11020.00	18.81
NON-HSC HOSPITALS TOTAL	23	146	317,364.88	2173.73	.050	13798.47	108.32
ACCOMMODATIONS	23	146	77,685.75	532.09	.050	3377.64	26.51
ADMINISTRATIVE DAYS	6	35	7,780.20	222.29	.012	1296.70	2.66
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	111	69,905.55	629.78	.038	3495.28	23.86
ANCILLARIES	23	0	239,679.13	.00	.000	10420.83	81.80
TNDAMIENM CDOCCOVEDC	20	1	24 025 44		0.5.2	001 10	

@COMMUNITY HOSPITAL TOTAL	456	3 <b>,</b> 225	\$ 459 <b>,</b> 748.15	\$	142.56	1.101	\$ 1008.22	\$ 156.91
COMM HOSP INPATIENT TOTAL	58	343	397,400.32		1158.60	.117	6851.73	135.63
HSC HOSPITALS	5	41	55,100.00		1343.90	.014	11020.00	18.81
NON-HSC HOSPITALS TOTAL	23	146	317,364.88	:	2173.73	.050	13798.47	108.32
ACCOMMODATIONS	23	146	77,685.75		532.09	.050	3377.64	26.51
ADMINISTRATIVE DAYS	6	35	7,780.20		222.29	.012	1296.70	2.66
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	20	111	69,905.55		629.78	.038	3495.28	23.86
ANCILLARIES	23	0	239,679.13		.00	.000	10420.83	81.80
INPATIENT CROSSOVERS	30	156	24,935.44		159.84	.053	831.18	8.51
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	422	2,882	62,347.83		21.63	.984	147.74	21.28
MEDICAL	122	206	15,302.04		74.28	.070	125.43	5.22
SURGERY	21	25	2,163.03		86.52	.009	103.00	.74
PATHOLOGY	128	838	9,605.22		11.46	.286	75.04	3.28
RADIOLOGY	52	73	3,516.07		48.17	.025	67.62	1.20
ROOM USE	159	246	9,396.04		38.20	.084	59.09	3.21
CROSSOVERS/ALL OTH OUTPTNT	263	1,494	22,365.43		14.97	.510	85.04	7.63
@STATE HOSPITAL	24	730	\$ 320,123.24	\$	438.52	.249	\$ 13338.47	\$ 109.26
MENTALLY ILL	0	0	.00		.00	.000	.00	.00
DEVELOP. DISABLED	24	730	320,123.24		438.52	.249	13338.47	109.26
@NURSING FACILITY	53	1,493	\$ 160,227.24	\$	107.32	.510	\$ 3023.16	\$ 54.69
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
LEV B-REGULAR	53	1,493	160,227.24		107.32	.510	3023.16	54.69
@INTERMEDIATE CARE FACILDD	12	344	\$ 94,068.72	\$	273.46	.117	\$ 7839.06	\$ 32.11
ICF DDH	0	0	.00		.00	.000	.00	.00
ICF DD	0	0	.00		.00	.000	.00	.00
ICF DDN/DDCN	12	344	94,068.72		273.46	.117	7839.06	32.11
@HEMODIALYSIS TOTAL	41	292	\$ 89,463.01	\$	306.38	.100	\$ 2182.02	\$ 30.53
HOSPITAL BASED	6	153	61,952.40		404.92	.052	10325.40	21.14
HEMODIALYSIS CENTER	35	139	27,510.61		197.92	.047	786.02	9.39
@REHABILITATION FACILITY	25	390	\$ 5,665.70	\$	14.53	.133	\$ 226.63	\$ 1.93
HOSPITAL BASED	0	1CR	21.76CR		21.76	.000	.00	.01CR

INDEPENDENT FACILITY	25	391		5,687.46		14.55	.133	227.50		1.94
@LABORATORY FACILITY	55	201	\$	1,951.49	\$	9.71	.069	\$ 35.48	\$	.67
PATHOLOGY	55	201		1,951.49		9.71	.069	35.48		.67
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	107	161	\$	12,185.15	\$	75.68	.055	\$ 113.88	\$	4.16
CLINIC	1	2		90.30		45.15	.001	90.30		.03
SURGICENTER	9	12		1,552.43		129.37	.004	172.49		.53
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	97	147		10,542.42		71.72	.050	108.68		3.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES MON	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU I	DEC 2002	P	AGE 14,816
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 56 ALL E	BLIND							
							MC	NTHLY AVERA	AGE	
2,930 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	505	89 <b>,</b> 142	\$	177,334.92	\$	1.99	30.424	\$ 351.16	\$	60.52
DURABLE MED. EQUIP.	64	247		36,665.73		148.44	.084	572.90		12.51
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.001	25.00		.02
MEDICAL TRANSPORTATION	103	10,225		33,023.31		3.23	3.490	320.61		11.27
AMBULANCES/AIR TRANS	16	134		3,144.98		23.47	.046	196.56		1.07
OTHER TRANS	38	9,518		23,741.00		2.49	3.248	624.76		8.10
OTHER SERVICES	51	573		6,137.33		10.71	.196	120.34		2.09
ACUPUNCTURE	3	14		227.08		16.22	.005	75.69		.08
ADULT DAY HEALTH CARE CTR	27	183		12,224.81		66.80	.062	452.77		4.17
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	126	871		53,125.26		60.99	.297	421.63		18.13
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	34	81		3,243.44		40.04	.028	95.40		1.11
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	5	23		3,288.45		142.98	.008	657.69		1.12

PROSTHETICS	5	23	3,288.45	142.98	.008	657.69	1.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	6	229.04	38.17	.002	114.52	.08
SPEECH AND AUDIOLOGY	20	53	3,096.36	58.42	.018	154.82	1.06
HOSPICE SERVICES	2	4	574.62	143.66	.001	287.31	.20
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	49	2,523	13,670.68	5.42	.861	278.99	4.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	170	74,910	17,916.14	.24	25.567	105.39	6.11
@CALIF. CHILDREN SERVICES*	127	4,083	\$ 212,416.09	\$ 52.02	1.394	\$ 1672.57	\$ 72.50
@XOVER EXCLUDING STATE HOSP**	531	8,750	\$ 85,205.35	\$ 9.74	2.986	\$ 160.46	\$ 29.08

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 14,817

01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

DONOILI COONII	BOTHWIN OF BEIN	VICES FOR S7 THE	DIOII			MON	ישודע אויים	~₽
115,529 ELIGIBLES	USERS	UNITS OF SERVIC	77	EADEMDIMIDEC	AVERAGE COST			COST PER
IIJ, JZ9 ELIGIBLES	USEKS	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY		USER	
@TOTAL, ALL PROVIDERS	91,162	2,626,803	.ը \$	212,187,940.51	\$ 80.78			\$ 1836.66
@PHYSICIANS SERVICES		74,355		2,900,761.53			148.07	
-	19,590						57.29	•
OUTPATIENT VISITS	8,260	12,110		473,192.44 249,277.53		.105 .066		4.10
OFFICE VISITS	5,450	7,627		249,277.53	32.68			
HOME VISITS	118	168		9,093.24	54.13			
EMERGENCY ROOM	2,984	4,002		201,821.38		.035		
PREVENTIVE CARE	10	10		101,00	42.42	.000	42.42	
OB VISITS/COMPRE PERI	24	66		-,	39.81		109.46	
OTHER OUTPATIENT	207	237		-,	41.98	.002	48.06	
INPATIENT VISITS	1,669			416,462.51		.074	249.53	
HOSPITAL VISITS	1,286	6 <b>,</b> 391		= : - ,	43.66	.055	216.98	
CRITICAL CARE	187	805		94,520.43		.007	505.46	
SNF/ICF/TRANS IP CARE	364	1 <b>,</b> 395		42,901.32	30.75	.012	117.86	
OPHTHALMOLOGICAL SERVICES	503	586		26,012.74	44.39	.005	51.72	.23
EXAMINATIONS	502	585		25 <b>,</b> 977.45	44.41	.005	51.75	.22
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	656	3,525		310,940.36	88.21	.031	473.99	2.69
PRINCIPAL SURGEON	473	715		239,115.82	334.43	.006	505.53	2.07
ASSISTANT SURGEON	34	46		8,597.26	186.90	.000	252.86	.07
ANESTHESIOLOGIST	236	2,764		63,227.28	22.88	.024	267.91	.55
OUTPATIENT SURGERY	1,289	3,456		282,651.62	81.79	.030	219.28	2.45
PRINCIPAL SURGEON	1,027	1,520		234,637.96	154.37	.013	228.47	2.03
ASSISTANT SURGEON	17	17		1,799.81	105.87	.000	105.87	.02
ANESTHESIOLOGIST	322	1,919		46,213.85	24.08	.017	143.52	.40
DIALYSIS	149	391		46,271.54	118.34	.003	310.55	.40
PATHOLOGY	1,453	3,470		55,906.66	16.11	.030	38.48	
RADIOLOGY	4,182	7,873		•	43.65	.068	82.17	2.97
PSYCHIATRY	. 15	18		486.28	27.02	.000	32.42	.00
IMMUNIZATION AND INJECTION	558	6,755		491,412.67	72.75	.058	880.67	
OTHER SERVICES/ALL X-OVERS	8,552	27,580		•	16.45	.239	53.06	3.93
@PHARMACY	67,295	639,201	\$	28,560,743.37		5.533 \$		
PRESCRIPTION DRUGS	66,536	300,772	'	27,784,281.89	92.38	2.603	417.58	240.50
SNF/ICF	2,894	20,210		1,751,603.24		.175	605.25	15.16
OUTPATIENTS	63,889	280,562			92.79	2.428	407.47	225.33
	55,563	200,002		=0,002,000	22.73		101	220.00

MEDICAL SUPPLIES	5 <b>,</b> 334	338 <b>,</b> 429		776 <b>,</b> 461.48		2.29	2.929		145.57		6.72	
@DENTIST	6 <b>,</b> 687	27 <b>,</b> 292	\$	1,188,627.18	\$	43.55	.236	\$	177.75	\$	10.29	
VISITS - DIAGNOSTIC	4,734	17,114		252,451.39		14.75	.148		53.33		2.19	
ORAL SURGERY	860	2,681		144,935.22		54.06	.023		168.53		1.25	
DRUGS	23	26		179.00		6.88	.000		7.78		.00	
ANESTHESIA	51	51		4,680.00		91.76	.000		91.76		.04	
PERIODONTICS	342	495		81,324.00		164.29	.004		237.79		.70	
ENDODONTICS	267	368		74,007.50		201.11	.003		277.18		.64	
RESTORATIVE DENTISTRY	1,914	4,742		411,110.50		86.70	.041		214.79		3.56	
PROSTHETICS	68	72		1,785.60		24.80	.001		26.26		.02	
DENTURES, STAYPLATES	594	1,618		207,169.67		128.04	.014		348.77		1.79	
SPACE MAINTAINERS	2	2		240.00		120.00	.000		120.00		.00	
MAXILLOFACIAL SERVICES	14	20		4,012.78		200.64	.000		286.63		.03	
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.01	
ORTHODONTIC SERVICES	46	61		5,407.22		88.64	.001		117.55		.05	
ALL OTHER SERVICES	31	41		124.30		3.03	.000		4.01		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	MONTH-OF-PAYMENT R	REPOR	T FOR JAN	2002 THRU	DEC	2002	PA	GE 14,818	}
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01/17/03	3
SONOMA COUNTY	SUMMARY OF SERVICE	ES FOR 57 ALL	DISA	ABLED								
							M	IONTF	HLY AVERAG	E -		

							M	ONT	HLY AVERA	GE	
115,529 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2,176	6 <b>,</b> 435	\$	132,651.14	\$	20.61	.056	\$	60.96	\$	1.15
DIAGNOSTIC AND ANC. PROCED	853	893					.008		47.39		.35
EYE APPLIANCES	1,707	5 <b>,</b> 138		80,505.17			.044		47.16		.70
OTHER OPTOMETRIC SERVICES	280	404		11,720.47		29.01	.003		41.86		.10
@CHIROPRACTOR	292	638	\$	10,562.74	\$	16.56	.006	\$	36.17	\$	.09
VISITS	270	607		10,065.44		16.58	.005		37.28		.09
OTHER SERVICES	23	31		497.30		16.04	.000		21.62		.00
@PODIATRIST	1,285	2,165	\$	29,637.31	\$	13.69	.019	\$	23.06	\$	.26
MEDICINE/INJECTIONS	326	393		10,060.38		25.60	.003		30.86		.09
SURGERY/ANES.	73	108		3,416.38		31.63	.001		46.80		.03
RADIO./PATHOLOGY	20	25		460.18		18.41	.000		23.01		.00
OTHER	930	1,639		15,700.37		9.58	.014		16.88		.14
@HOME HEALTH AGENCY	535	39 <b>,</b> 623	\$	1,331,851.16	\$	33.61	.343	\$	2489.44	\$	11.53
NURSE ANESTHESIST	13	128	\$	898.43	\$	7.02	.001	\$	69.11	\$	.01
NURSE MIDWIFE	38	328	\$	8,833.77	\$	26.93	.003	\$	232.47	\$	.08
PEDIATRIC NURSE PRACTITIONER	1	1	\$	40.00	\$	40.00	.000	\$	40.00	\$	.00
FAMILY NURSE PRACTITIONER	5	8	\$	126.08	\$	15.76	.000	\$	25.22	\$	.00
@TOTAL HOSPITAL	18,743	101,104	\$	17,266,956.63	\$	170.78	.875	\$	921.25	\$	149.46
HOSP INPATIENT TOTAL	1,650	12,356		14,804,674.43		1198.18	.107		8972.53		128.15
HSC HOSPITALS	185	1,553		2,333,017.72		1502.27	.013		12610.91		20.19
NON-HSC HOSPITAL TOTAL	861	5 <b>,</b> 594				2127.83	.048		13824.71		103.03
ACCOMMODATIONS	851	5 <b>,</b> 594		3,571,834.32		638.51	.048		4197.22		30.92
ADMINISTRATIVE DAYS	92	1,137		239,345.92		210.51	.010		2601.59		2.07
TRANSITIONAL IP CARE	0	0		302.04		.00	.000		.00		.00
ALL OTHER ACCOM	803	4,457		3,332,186.36		747.63	.039		4149.67		28.84
ANCILLARIES	861	0		8,331,238.37		.00	.000		9676.24		72.11
INPATIENT CROSSOVERS	627	5 <b>,</b> 209		568,584.30		109.15	.045		906.83		4.92
ALL OTHER INPATIENT	1	0		.28CF	₹	.00	.000		.280	:R	.00
HOSP OUTPATIENT TOTAL	17,815	88,748		2,462,282.20		27.74	.768		138.21		21.31
MEDICAL	5 <b>,</b> 875	9,302		352,408.49		37.89	.081		59.98		3.05
SURGERY	1,095	1,273		63,405.07		49.81	.011		57.90		.55
PATHOLOGY	5,564	23,106		283,244.05		12.26	.200		50.91		2.45
RADIOLOGY	3,287	4,930		428,381.75		86.89	.043		130.33		3.71
ROOM USE	8,124	12,716		509,674.81		40.08	.110		62.74		4.41

CROSSOVERS/ALL OTH OUTPINT	9,874	37,421		825,168.03		22.05	.324	83.57		7.14
@COUNTY HOSPITAL TOTAL	72	370	\$	44,489.93	\$	120.24	.003	\$ 617.92	\$	.39
CO HOSPITAL INPATIENT TOTAL	9	40		37,148.48		928.71	.000	4127.61		.32
HSC HOSPITALS	8	25		27,315.00		1092.60	.000	3414.38		.24
NON-HSC HOSPITALS TOTAL	1	4		9,021.48		2255.37	.000	9021.48		.08
ACCOMMODATIONS	1	4		5,122.98		1280.75	.000	5122.98		.04
ADMINISTRATIVE DAYS	0	0		277.02CR		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	4		5,400.00		1350.00	.000	5400.00		.05
ANCILLARIES	1	0		3,898.50		.00	.000	3898.50		.03
INPATIENT CROSSOVERS	1	11		812.00		73.82	.000	812.00		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	64	330		7,341.45		22.25	.003	114.71		.06
MEDICAL	20	34		1,427.32		41.98	.000	71.37		.01
SURGERY	7	8		269.95		33.74	.000	38.56		.00
PATHOLOGY	23	87		1,355.62		15.58	.001	58.94		.01
RADIOLOGY	10	14		712.34		50.88	.000	71.23		.01
ROOM USE	28	42		1,831.60		43.61	.000	65.41		.02
CROSSOVERS/ALL OTH OUTPINT	39	145		1,744.62		12.03	.001	44.73		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-	OF-PAYMENT RE	POR'	T FOR JAN	2002 THRU	DEC 2002	PAG	E 14,819
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	57 ALL	DISABLED							

---- MONTHLY AVERAGE

115,529 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 18,687 100,734 17,222,466.70 \$ 170.97 .872 \$ 921.63 \$ 149.07 @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL 1,641 12,316 14,767,525.95 1199.05 .107 8999.10 127.83 HSC HOSPITALS 177 1,528 2,305,702.72 1508.97 .013 13026.57 19.96 860 5,590 NON-HSC HOSPITALS TOTAL 11,894,051.21 2127.74 .048 13830.29 102.95 ACCOMMODATIONS 850 5,590 3,566,711.34 638.05 4196.13 30.87 .048 1,137 210.75 2604.60 ADMINISTRATIVE DAYS 239,622.94 .010 2.07 0 TRANSITIONAL IP CARE 0 302.04 .00 .000 .00 .00 802 ALL OTHER ACCOM 4,453 3,326,786.36 747.09 .039 4148.11 28.80 0 .00 9682.95 ANCILLARIES 8,327,339.87 .000 72.08 626 INPATIENT CROSSOVERS 5,198 567,772.30 109.23 .045 906.98 4.91 .28CR 1 0 .00 .000 .28CR .00 ALL OTHER INPATIENT 17,766 88,418 2,454,940.75 27.77 .765 138.18 21.25 COMM HOSP OUTPATIENT TOTAL 59.91 9,268 3.04 MEDICAL 5,858 350,981.17 37.87 .080 SURGERY 1,088 1,265 63,135.12 49.91 .011 58.03 .55 PATHOLOGY 5,544 23,019 281,888.43 12.25 .199 50.85 2.44 RADIOLOGY 3,278 4,916 427,669.41 87.00 .043 130.47 3.70 ROOM USE 8,104 12,674 507,843.21 40.07 .110 62.67 4.40 CROSSOVERS/ALL OTH OUTPTNT 9,840 37,276 823,423.41 22.09 .323 83.68 7.13 @STATE HOSPITAL 9,995 318,795 138,711,709.14 435.11 2.759 \$ 13878.11 \$ 1200.67 .00 0 0 .00 .000 .00 .00 MENTALLY ILL 9,995 435.11 2.759 13878.11 318,795 138,711,709.14 1200.67 DEVELOP. DISABLED 59,128 @NURSING FACILITY 1,947 7,316,579.71 123.74 .512 \$ 3757.87 63.33 5 214 LEV A-INTERMEDIATE 20,816.78 97.27 .002 4163.36 .18 LEV B-REHAB MD 526 19,063 2,115,535.93 110.98 .165 4021.93 18.31 0 0 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 49 1,536 800,269.51 521.01 .013 16332.03 6.93 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .000 114.31 .332 3194.72 LEV B-REGULAR 1,371 38,315 4,379,957.49 37.91 @INTERMEDIATE CARE FACIL.-DD 1,458 45,335 6,778,227.69 149.51 .392 \$ 4648.99 58.67 ICF DDH 1,026 32,128 4,314,998.94 134.31 .278 4205.65 37.35 ICF DD 0 .00 .00 .000 .00 .00

ICF DDN/DDCN	433	13,207		2,463,228.75		186.51	.114		5688.75		21.32
@HEMODIALYSIS TOTAL	723	12,307	\$	719,545.78	\$	58.47	.107	\$	995.22	\$	6.23
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	723	12,307		719,545.78		58.47	.107		995.22		6.23
@REHABILITATION FACILITY	360	6 <b>,</b> 539	\$	87,778.34	\$	13.42	.057	\$	243.83	\$	.76
HOSPITAL BASED	20	74		3,002.74		40.58	.001		150.14		.03
INDEPENDENT FACILITY	340	6,465		84,775.60		13.11	.056		249.34		.73
@LABORATORY FACILITY	5,102	19,747	\$	293,893.85	\$	14.88	.171	\$	57.60	\$	2.54
PATHOLOGY	5,085	19,708		293,542.93		14.89	.171		57.73		2.54
XO AND OTHERS	17	39		350.92		9.00	.000		20.64		.00
@ORGANIZED OUTPATIENT CLINIC	10,315	21,781	\$	1,840,127.57	\$	84.48	.189	\$	178.39	\$	15.93
CLINIC	605	1,922		45,534.86		23.69	.017		75.26		.39
SURGICENTER	136	296		27,704.08		93.59	.003		203.71		.24
HEROIN DETOX CLINIC	52	759		9,140.42		12.04	.007		175.78		.08
RURAL HEALTH CLINIC	9,617	18,804		1,757,748.21		93.48	.163		182.78		15.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES	MONTH-OF-PAYMENT E	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 14,820
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 57 ALI	DIS	ABLED							

115,529 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 14,540 1,251,891 5,008,330.13 4.00 10.836 \$ 344.45 \$ 43.35 DURABLE MED. EQUIP. 1,895 7,936 1,327,187.65 167.24 .069 700.36 11.49 BLOOD BANK 1 1 459.00 459.00 .000 459.00 .00 99 165 30,237.90 183.26 .001 305.43 HEARING AID DISPENSERS .26 2,887 121,132 646,902.95 5.34 1.048 224.07 5.60 MEDICAL TRANSPORTATION 2.02 1,227 14,797 233,763.69 15.80 .128 190.52 AMBULANCES/AIR TRANS OTHER TRANS 702 96,380 319,378.07 3.31 .834 454.95 2.76 1,036 9,955 OTHER SERVICES 93,761.19 9.42 .086 90.50 .81 ACUPUNCTURE 159 454 7,600.39 16.74 .004 47.80 .07 274 3,141 66.36 .027 ADULT DAY HEALTH CARE CTR 208,433.04 760.70 1.80 24 24 76.21 GENETIC DISEASE TESTING 1,829.00 .000 76.21 .02 907 36,511 35.81 1441.52 IHMC, MODEL-NF, NF, AIDS, MSSP 1,307,461.09 .316 11.32 0 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 OPTICIAN 2,493 5,911 73,267.82 12.40 .051 29.39 .63 PHYSICAL THERAPIST 173 1,423 18,530.48 13.02 .012 107.11 .16 47 17.08 .000 32.11 .01 PORTABLE X-RAY 802.78 231 PROSTHETIST/ORTHOTISTS 891 112,725.17 126.52 .008 487.99 .98 212 867 PROSTHETICS 111,742.92 128.88 .008 527.09 .97 19 ORTHOTICS 24 982.25 40.93 .000 51.70 .01 255 PSYCHOLOGIST 692 17,938.64 25.92 .006 70.35 .16 4,029 SPEECH AND AUDIOLOGY 1,089 194,431.10 48.26 .035 178.54 1.68 HOSPICE SERVICES 107 2,681 350,259.93 130.65 .023 3273.46 3.03 NONINST BIRTHING CENTERS 3 3 3,021.69 1007.23 .000 1007.23 .03 1,076 30,565 234,171.72 7.66 .265 217.63 2.03 LOCAL EDUCATION AGENCIES 9 73 35.17 .02 EPSDT SUPPLEMENTAL SERVICE 2,567.14 .001 285.24 58.96 29.48 RESPIRATORY CARE PRACT. .000 29.48 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 4,689 1,036,212 470,502.64 .45 8.969 100.34 4.07 1,468 42,227 .366 @CALIF. CHILDREN SERVICES\* 3,139,968.04 74.36 \$ 2138.94 27.18 15,648 553,901 2,452,571.39 4.43 4.794 156.73 21.23 @XOVER EXCLUDING STATE HOSP\*\*

MOP024

---- MONTHLY AVERAGE ---

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES M

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000 176 51 101517	Hanna						GE
232,176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	93,469	463,143	\$ 29,465,259.13	\$ 63.62	1.995 \$		
@PHYSICIANS SERVICES	27,222	65,654	\$ 3,486,217.51		.283 \$		•
OUTPATIENT VISITS	18,695	25,475	870,648.99	34.18	.110	46.57	3.75
OFFICE VISITS	11,262	14,702	428,362.78	29.14	.063	38.04	1.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7,323	8,643	355 <b>,</b> 655.78	41.15	.037	48.57	1.53
PREVENTIVE CARE	305	311	12 <b>,</b> 101.29	38.91	.001	39.68	.05
OB VISITS/COMPRE PERI	584	1,666	67 <b>,</b> 894.07	40.75	.007	116.26	.29
OTHER OUTPATIENT	118	153	6 <b>,</b> 635.07	43.37	.001	56.23	.03
INPATIENT VISITS	1,518	5,042	362 <b>,</b> 608.22	71.92	.022	238.87	1.56
HOSPITAL VISITS	1,426	3 <b>,</b> 775	175 <b>,</b> 944.94	46.61	.016	123.38	.76
CRITICAL CARE	222	1,261	186,412.58	147.83	.005	839.70	.80
SNF/ICF/TRANS IP CARE	3	6	250.70	41.78	.000	83.57	.00
OPHTHALMOLOGICAL SERVICES	308	342	15 <b>,</b> 453.61	45.19	.001	50.17	.07
EXAMINATIONS	287	321	15,259.54	47.54	.001	53.17	.07
SERVICES AND MATERIALS	21	21	194.07	9.24	.000	9.24	.00
INPATIENT HOSPITAL SURGERY	1,589	7 <b>,</b> 532	740,880.07	98.36	.032	466.26	3.19
PRINCIPAL SURGEON	1,030	1,190	589,633.49	495.49	.005	572.46	2.54
ASSISTANT SURGEON	123	126	21,395.58	169.81	.001	173.95	.09
ANESTHESIOLOGIST	651	6,216	129,851.00	20.89	.027	199.46	.56
OUTPATIENT SURGERY	2,116	5,268	329,791.29	62.60	.023	155.86	1.42
PRINCIPAL SURGEON	1,713	2,125	257,015.17	120.95	.009	150.04	1.11
ASSISTANT SURGEON	19	19	1,850.71	97.41	.000	97.41	.01
ANESTHESIOLOGIST	497	3,124	70,925.41	22.70	.013	142.71	.31
DIALYSIS	44	82	12,401.92	151.24	.000	281.86	.05
PATHOLOGY	2,798	4,866	75,521.63	15.52	.021	26.99	.33
RADIOLOGY	6,147	8 <b>,</b> 957	312,776.38	34.92	.039	50.88	1.35
PSYCHIATRY	. 2	. 2	106.27	53.14	.000	53.14	.00

IMMUNIZATION AND INJECTION	474	2,223	165,028.7	1 74.2	4 .010	348.16	.71
OTHER SERVICES/ALL X-OVERS	2,436	5,865	601,000.42	2 102.4	7 .025	246.72	2.59
@PHARMACY	40,877	108,690	\$ 4,644,571.5	1 \$ 42.7	3 .468	\$ 113.62	\$ 20.00
PRESCRIPTION DRUGS	40,515	88,603	4,304,598.4	7 48.5	8 .382	106.25	18.54
SNF/ICF	61	159	59 <b>,</b> 599.0	7 374.8	4 .001	977.03	.26
OUTPATIENTS	40,471	88,444	4,244,999.40	0 48.0	0 .381	104.89	18.28
MEDICAL SUPPLIES	1,211	20,087	339,973.0	4 16.9	3 .087	280.74	1.46
@DENTIST	11,024	49,798	\$ 1,686,470.93	1 \$ 33.8	7 .214	\$ 152.98	\$ 7.26
VISITS - DIAGNOSTIC	7 <b>,</b> 879	31,234	483,463.12	2 15.4	8 .135	61.36	2.08
ORAL SURGERY	1,532	3,218	191,985.22	2 59.6	6 .014	125.32	.83
DRUGS	78	91	1,673.0	4 18.3	9 .000	21.45	.01
ANESTHESIA	133	139	11,675.00	0 83.9	9 .001	87.78	.05
PERIODONTICS	213	217	34,975.00	0 161.1	8 .001	164.20	.15
ENDODONTICS	845	1 <b>,</b> 582	172,956.00	0 109.3	3 .007	204.68	.74
RESTORATIVE DENTISTRY	4,245	11,944	686,587.30	0 57.4	8 .051	161.74	2.96
PROSTHETICS	34	34	905.00			26.62	.00
DENTURES, STAYPLATES	158	603	52,214.6	6 86.5	9 .003	330.47	.22
SPACE MAINTAINERS	108	134	13,891.5			128.63	.06
MAXILLOFACIAL SERVICES	36	45	3,825.33	3 85.0	1 .000	106.26	.02
FRACTURES, DISLOCATIONS	3	4	2,190.00	0 547.5	0 .000	730.00	.01
ORTHODONTIC SERVICES	302	501	29 <b>,</b> 979.73				.13
ALL OTHER SERVICES	40	52	150.00				.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-PAYMENT	REPORT FOR J	AN 2002 THRU	DEC 2002	PAGE 14,822
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

SONOMA COUNTY

						M	INO	HLY AVERA	GE.	
232,176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2,106	6,126	\$ 147,845.59	\$	24.13	.026	\$	70.20	\$	.64
DIAGNOSTIC AND ANC. PROCED	1,376	1,406	64,465.37		45.85	.006		46.85		.28
EYE APPLIANCES	1,489	4,433	65 <b>,</b> 181.67		14.70	.019		43.78		.28
OTHER OPTOMETRIC SERVICES	267	287	18,198.55		63.41	.001		68.16		.08
@CHIROPRACTOR	320	577	\$ 9,561.75	\$	16.57	.002	\$	29.88	\$	.04
VISITS	320	577	9,561.75		16.57	.002		29.88		.04
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	80	155	\$ 4,705.37	\$	30.36	.001	\$	58.82	\$	.02
MEDICINE/INJECTIONS	64	85	2,713.08		31.92	.000		42.39		.01
SURGERY/ANES.	25	39	1,258.45		32.27	.000		50.34		.01
RADIO./PATHOLOGY	13	19	349.46		18.39	.000		26.88		.00
OTHER	10	12	384.38		32.03	.000		38.44		.00
@HOME HEALTH AGENCY	314	961	\$ 62 <b>,</b> 297.49	\$	64.83	.004	\$	198.40	\$	.27
NURSE ANESTHESIST	3	10	\$ 196.59	\$	19.66	.000	\$	65.53	\$	.00
NURSE MIDWIFE	753	7,098	\$ 178,511.75	\$	25.15	.031	\$	237.07	\$	.77
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	8	8	\$ 426.58	\$	53.32	.000	\$	53.32	\$	.00
@TOTAL HOSPITAL	26,262	102,517	\$ 14,512,041.94	\$		.442	\$	552.59	\$	62.50
HOSP INPATIENT TOTAL	1,690	6 <b>,</b> 973	11,706,783.79		1678.87	.030		6927.09		50.42
HSC HOSPITALS	117	700	1,092,370.66		1560.53	.003		9336.50		4.70
NON-HSC HOSPITAL TOTAL	1 <b>,</b> 577	6 <b>,</b> 266	10,611,977.13		1693.58	.027		6729.22		45.71
ACCOMMODATIONS	1,571	6,266	4,260,788.78		679.99	.027		2712.15		18.35
ADMINISTRATIVE DAYS	27	209	46,710.38		223.49	.001		1730.01		.20
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,558	6 <b>,</b> 057	4,214,078.40		695.74	.026		2704.80		18.15
ANCILLARIES	1,573	0	6,351,188.35		.00	.000		4037.63		27.36
INPATIENT CROSSOVERS	3	7	2,436.00		348.00	.000		812.00		.01
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	25 <b>,</b> 296	95 <b>,</b> 544		2,805,258.15	29.36	.412	110.90	12.08
MEDICAL	8 <b>,</b> 996 1	12,015		414,023.50	34.46	.052	46.02	1.78
SURGERY	2,073	2,499		105,575.94	42.25	.011	50.93	.45
PATHOLOGY	8,136	26,100		318,684.76	12.21	.112	39.17	1.37
RADIOLOGY	5,474	7,136		486,561.37	68.18	.031	88.89	2.10
ROOM USE	19,116	26,305		1,005,425.69	38.22	.113	52.60	4.33
CROSSOVERS/ALL OTH OUTPTNT	8 <b>,</b> 289	21,489		474,986.89	22.10	.093	57.30	2.05
@COUNTY HOSPITAL TOTAL	66	251	\$	14,385.68	\$ 57.31	.001	\$ 217.96	\$ .06
CO HOSPITAL INPATIENT TOTAL	3	6		7,004.00	1167.33	.000	2334.67	.03
HSC HOSPITALS	3	6		7,004.00	1167.33	.000	2334.67	.03
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	63	245		7,381.68	30.13	.001	117.17	.03
MEDICAL	23	27		895.07	33.15	.000	38.92	.00
SURGERY	18	29		832.75	28.72	.000	46.26	.00
PATHOLOGY	21	62		1,139.00	18.37	.000	54.24	.00
RADIOLOGY	8	27		1,339.53	49.61	.000	167.44	.01
ROOM USE	32	46		2,026.52	44.05	.000	63.33	.01
CROSSOVERS/ALL OTH OUTPINT		54		1,148.81	21.27	.000	37.06	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH	-OF-PAYMENT REF	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 14,823
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	58 ALL	FAMILIES					

CONOINI COCNII	DOIMING OF BEI	WICEC FOR SO HEE F	 1110							
								HLY AVERA	-	
232 <b>,</b> 176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S	COST PER	C	OST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	26,212	102,266	\$ 14,497,656.26	\$	141.76	.440	\$	553.09	\$	62.44
COMM HOSP INPATIENT TOTAL	1,687	6 <b>,</b> 967	11,699,779.79		1679.31	.030		6935.26		50.39
HSC HOSPITALS	114	694	1,085,366.66		1563.93	.003		9520.76		4.67
NON-HSC HOSPITALS TOTAL	1 <b>,</b> 577	6 <b>,</b> 266	10,611,977.13		1693.58	.027		6729.22		45.71
ACCOMMODATIONS	1,571	6,266	4,260,788.78		679.99	.027		2712.15		18.35
ADMINISTRATIVE DAYS	27	209	46,710.38		223.49	.001		1730.01		.20
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1,558	6 <b>,</b> 057	4,214,078.40		695.74	.026		2704.80		18.15
ANCILLARIES	1 <b>,</b> 573	0	6,351,188.35		.00	.000		4037.63		27.36
INPATIENT CROSSOVERS	3	7	2,436.00		348.00	.000		812.00		.01
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	25,248	95 <b>,</b> 299	2,797,876.47		29.36	.410		110.82		12.05
MEDICAL	8,974	11,988	413,128.43		34.46	.052		46.04		1.78
SURGERY	2,055	2,470	104,743.19		42.41	.011		50.97		.45
PATHOLOGY	8,117	26,038	317,545.76		12.20	.112		39.12		1.37
RADIOLOGY	5,468	7,109	485,221.84		68.25	.031		88.74		2.09
ROOM USE	19,091	26,259	1,003,399.17		38.21	.113		52.56		4.32
CROSSOVERS/ALL OTH OUTPTNT	8,259	21,435	473,838.08		22.11	.092		57.37		2.04
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	5	46	\$ 6,809.71	\$	148.04	.000	\$	1361.94	\$	.03
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	46		6,809.71		148.04	.000		1361.94		.03
@INTERMEDIATE CARE FACILDD	1	61	\$	9,099.37	\$	149.17	.000	\$	9099.37	\$	.04
ICF DDH	1	61		9,099.37		149.17	.000		9099.37		.04
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	68	3,171	\$	134,041.12	\$	42.27	.014	\$	1971.19	\$	.58
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	68	3 <b>,</b> 171		134,041.12		42.27	.014		1971.19		.58
@REHABILITATION FACILITY	75	1,391	\$	18,332.25	\$	13.18	.006	\$	244.43	\$	.08
HOSPITAL BASED	4	10		275.74		27.57	.000		68.94		.00
INDEPENDENT FACILITY	71	1,381		18,056.51		13.07	.006		254.32		.08
@LABORATORY FACILITY	7,065	20 <b>,</b> 558	\$	318,202.78	\$	15.48	.089	\$	45.04	\$	1.37
PATHOLOGY	7,063	20,556		318,001.50		15.47	.089		45.02		1.37
XO AND OTHERS	2	2		201.28		100.64	.000		100.64		.00
@ORGANIZED OUTPATIENT CLINIC	20,137	40,002	\$	3,448,606.37	\$	86.21	.172	\$	171.26	\$	14.85
CLINIC	2,964	11,300		280,746.94		24.84	.049		94.72		1.21
SURGICENTER	65	321		11,896.65		37.06	.001		183.03		.05
HEROIN DETOX CLINIC	17	222		2,614.67		11.78	.001		153.80		.01
RURAL HEALTH CLINIC	17 <b>,</b> 206	28 <b>,</b> 159		3,153,348.11		111.98	.121		183.27		13.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT F	REPOR	r for jan	2002 THRU	DEC	2002	PΖ	AGE 14,824
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 58 ALL	FAM	ILIES							

MONTHLY AVERAGE									
232,176 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	AVERAGE COST			COST PER	
232,170 EDIGIDEES	ODERO	OR DAYS OF CAR		EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE	
@ALL OTHER PROVIDERS	8,609	56,320	\$	797,320.54	\$ 14.16	.243			
DURABLE MED. EQUIP.	353	1,599	Υ	70,850.08	44.31	.007	200.71	.31	
BLOOD BANK	1	528		1,660.00	3.14	.002	1660.00	.01	
HEARING AID DISPENSERS	13	29		7,910.08	272.76	.002	608.47	.03	
MEDICAL TRANSPORTATION	870	12,655		212,465.88	16.79	.055	244.21	.92	
AMBULANCES/AIR TRANS	850	9,919		159,453.26	16.08	.043	187.59	.69	
OTHER TRANS	16	2,686		7,758.74	2.89	.012	484.92	.03	
OTHER SERVICES	28	2 <b>,</b> 000		45,253.88	905.08	.000	1616.21	.19	
ACUPUNCTURE	84	198		3,416.95	17.26	.001	40.68	.01	
ADULT DAY HEALTH CARE CTR	0	190		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	645	654		48,788.00	74.60	.003	75.64	.21	
IHMC, MODEL-NF, NF, AIDS, MSSP	043	0.4		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	1,901	4,259		43,188.69	10.14	.018	22.72	.19	
PHYSICAL THERAPIST	1,901	4,239 884		17,330.27	19.60	.004	138.64	.07	
PHISICAL THERAPIST PORTABLE X-RAY	125	0		.00	.00	.004	.00	.00	
PROSTHETIST/ORTHOTISTS	142	313		43,165.30	137.91	.001	303.98	.19	
	86	246		•	152.38		435.87		
PROSTHETICS	65			37,485.00		.001		.16	
ORTHOTICS	65 19	67 57		5,680.30	84.78	.000	87.39	.02	
PSYCHOLOGIST		•		3,608.80	63.31	.000	189.94	.02	
SPEECH AND AUDIOLOGY	180	425		26,254.10	61.77	.002	145.86	.11	
HOSPICE SERVICES	6	103		14,934.36	144.99	.000	2489.06	.06	
NONINST BIRTHING CENTERS	20	20		19,787.37	989.37	.000	989.37	.09	
LOCAL EDUCATION AGENCIES	4,331	28,365		278,544.63	9.82	.122	64.31	1.20	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	58	6,231		5,416.03	.87	.027	93.38	.02	
@CALIF. CHILDREN SERVICES*	932	10,160	\$	2,325,368.06	\$ 228.87	.044	\$ 2495.03	\$ 10.02	

@XOVER EXCLUDING STATE HOSP\*\* 222 2,256 \$ 37,191.46 \$ 16.49 .010 \$ 167.53 \$ .16

01/17/03

----- MONTHLY AVERAGE -----

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,825 MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

COTAL, ALL PROVIDERS	12,823 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
## STATEMENT OF THE CASE   1,000	11,010 21101222	002110		2111 2112 1 1 0 1 1 2 0				
OPETSIGLAND SERVICES         2,128         6,496         \$ 355,599.08         \$ 51.66         5.07         \$ 17.71         \$ 26.17           OUTPATIENT VISITS         685         902         27,779.02         30.80         .070         40.55         2.17           MCME VISITS         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	@TOTAL, ALL PROVIDERS	6,607		3,334,360.17				
OUTPATTENT VISITS 1,279 1,945 66,328.51 34.10 1.52 51.66 5.17 OFFICE VISITS 665 902 27,779.02 30.80 .070 40.55 2.17 HOME VISITS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	@PHYSICIANS SERVICES	2,128						
OFFICE VISITS 665 902 27,779.02 30.80 .070 40.55 2.17 BOME VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		1,279	1,945					
BEMERENTY ROOM 527 622 26,118.13 41.99 .049 44.56 2.94 PREVENTIVE CARE 21 21 779.27 37.11 .002 37.11 .06								
EMERGENCY ROOM   527   622   26,118,13   41,99   0.49   49,56   2.04   PREVENTIVE CARE   21   21   779,27   37,11   0.02   37,11   0.6   OB VISITS/COMPRE PERI   82   367   10,053,75   27,39   0.09   122,61   78   OTHER OUTPATIENT   30   33   1,598,34   48,43   0.03   53,28   1.2   INPATIENT VISITS   179   983   85,260,63   86,74   0.07   476,32   6.55   HOSPITAL VISITS   152   540   22,642.06   43.78   0.42   155,54   1.84   CRITICAL CARE   44   422   60,942,83   144,41   0.03   1385,06   4.75   SNF/ICF/TRANS IP CARE   8   21   675,74   32.18   0.02   84,47   0.5   OPHTHALMOLOGICAL SERVICES   29   37   1,855,89   50.19   0.03   64.03   1.14   EXAMINATIONS   28   36   1,821,60   50.60   0.03   65.06   1.4   SERVICES AND MATERIALS   1   1   33,29   33,29   0.00   35,29   0.00   INPATIENT HOSPITAL SURGERY   195   1,257   87,388,34   49,63   0.01   55,44   5,23   RESTORMEN   17   17   17   17,99   1,44   ANSETHER SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   466   30,838,87   66,18   0.05   173,25   2.40   OUTPATIENT SURGERY   178   193   193,37   134,77   100,13   170,99   1.64   ANSSTSTANT SURGERY   178   478   478   478   478   478   478   478   478   478   478   478   478   478   478   478   478   478   478   478   478		0	0					
PREVENTIVE CARE   21	EMERGENCY ROOM	527	622					
OB VISITS/COMPRE PERI 82 367 10,053.75 27.39 .029 122.61 .78 OTHER OUTPATIENT 30 33 1,598.34 48.43 .003 53.28 .12 INPATIENT VISITS 179 983 85,260.63 86.74 .077 476.32 6.65 HOSPITAL VISITS 152 540 23.642.06 43.78 .042 155.54 1.84 CRITICAL CARE 44 422 66,942.83 144.41 .033 1385.06 4.75 SNF/ICF/TRANS IP CARE 8 21 6675.74 32.18 .002 84.47 .05 OPHTHAIMOLOGICAL SERVICES 29 37 1,856.89 50.19 .003 64.03 .14 EXAMINATIONS 28 36 1,821.60 50.60 .003 65.06 .14 SERVICES AND MATERIALS 1 1 3 35.29 35.29 .000 35.29 .00 INPATIENT HOSPITAL SURGERY 195 1,257 87,380.33 69.51 .098 448.10 6.81 PRINCIPAL SURGERY 195 1,257 87,380.33 69.51 .098 448.10 6.81 PRINCIPAL SURGERY 195 1,992 17,578.52 16.10 .085 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.55 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .36 197.55 1.37 OUTPATIENT SURGERY 189 466 30,838.87 66.18 .36 197.55 1.37 OUTPATIENT SURGERY 189 466 30,838.87 66.18 .36 197.55 1.37 OUTPATIENT SURGERY 189 466 30,838.87 66.18 .36 197.55 1.37 OUTPATIENT SURGERY 189 466 30,838.87 66.18 .36 197.55 1.37 OUTPATIENT SURGERY 189 466 30,838.87 66.18 .36 197.55 1.37 OUTPATIENT SURGERY 189 466 30,838.87 66.18 .36 197.55 1.37 OUTPATIENT SURGERY 189 466 30,838.87 66.18 .37 OUTPATIENT SURGERY 189 466 30,838.87 66.18 .36 0.38 0.38 0.38 19.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	PREVENTIVE CARE	21	21			.002	37.11	.06
INPATIENT VISITS 159 983 85,260.63 86.74 0.77 476.32 6.65 HOSPITAL VISITS 152 540 23,642.06 43.78 0.042 155.54 1.84 CRITICAL CARE 44 422 60,942.83 144.41 0.033 1385.06 4.75 SMF/ICF/TRANS IP CARE 8 21 675.74 32.18 0.002 84.47 0.55 OPHTHALMOLOGICAL SERVICES 29 37 1,856.89 50.19 0.03 66.06 1.14 SERVICES AND MATERIALS 1 1 3.52.9 35.29 0.00 35.29 0.00 1.15 0.14 SERVICES AND MATERIALS 1 1 3.52.9 35.29 0.00 35.29 0.00 1.15 0.14 SERVICES AND MATERIALS 1 1 3.52.9 35.29 0.00 35.29 0.00 1.15 0.15 0.15 0.15 0.15 0.15 0.15	OB VISITS/COMPRE PERI	82	367	10,053.75	27.39	.029	122.61	.78
INPATIENT VISITS 159 983 85,260.63 86.74 .077 476.32 6.65 HOSPITAL VISITS 152 540 23,642.06 43.78 .044 155.54 1.84 CRITICAL CARE 44 422 60,942.83 144.41 .033 1385.06 4.75 SNF/ICF/TRANS IP CARE 8 21 675.74 32.18 .002 84.47 .05 OPHTHALMOLOGICAL SERVICES 29 37 1,856.89 50.19 .003 66.06 1.14 SERVICES AND MATERIALS 1 1 3.52.9 35.29 .000 35.29 .00 1.85 SUBJECT RESERVICES AND MATERIALS 1 1 3.52.9 35.29 .000 35.29 .00 1.85 SUBJECT RESERVICES AND MATERIALS 1 1 3.52.9 35.29 .000 35.29 .00 1.85 SUBJECT RESERVICES AND MATERIALS 1 1 3.52.9 35.29 .000 35.29 .00 1.85 SUBJECT RESERVICES AND MATERIALS 1 1 1 3.52.9 35.29 .000 35.29 .00 1.85 SUBJECT RESERVICES AND MATERIALS 1 1 1 3.52.9 35.29 .000 35.29 .00 1.85 SUBJECT RESERVICES AND MATERIALS 1 1 1 3.52.9 35.29 .000 35.29 .00 1.85 SUBJECT RESERVICES AND MATERIALS 1 1 1 3.52.9 35.29 .00 35.29 .00 1.20 SUBJECT RESERVICES AND MATERIALS 1 1 1 3.52.9 35.29 .000 35.29 .00 1.20 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 3.52.9 35.29 .00 1.20 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 3.25 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 1 2.25 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 1 2.25 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 1 2.25 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 1 2.25 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 1 2.25 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 1 2.25 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 1 2.25 SUBJECT RESERVICES AND MATERIALS 1 1 1 1 2.25 SUBJECT RESERVICES SUBJECT RESERVICES AND MATERIALS 1 1 1 1 1 2.25 SUBJECT RESERVICES		30	33	1,598.34	48.43	.003	53.28	.12
HOSPITAL VISITS 152 540 23,642.06 43.78 .042 155.54 1.84 CHITCAL CARE 44 422 60,942.83 144.41 .033 1385.06 4.75 SNF/ICF/TRANS IP CARE 8 21 675.74 32.18 .002 84.47 .05 SNF/ICF/TRANS IP CARE 8 21 675.74 32.18 .002 84.47 .05 SNF/ICF/TRANS IP CARE 8 21 675.74 32.18 .002 84.47 .05 SNF/ICF/TRANS IP CARE 8 36 1.821.60 50.60 .003 66.06 .14 EXAMINATIONS 28 36 1.821.60 50.60 .003 65.06 .14 SERVICES AND MATERIALS 1 1 1 35.29 .000 35.29 .000 INPATIENT HOSPITAL SURGERY 195 1.257 87,380.33 69.51 .098 448.10 6.81 PHINTERIAL SURGERY 195 1.257 87,380.33 69.51 .098 448.10 6.81 PHINTERIAL SURGEON 120 147 67.108.47 456.52 .011 559.24 5.23 ASSISTANT SURGEON 17 18 2.693.34 149.63 .001 158.43 .21 AMESTHESIOLOGIST 89 1,092 17.788.52 16.10 .085 197.51 1.37 OUTFATIENT SURGEON 138 172 23,596.41 137.19 .013 170.99 1.84 ASSISTANT SURGEON 138 172 23,596.41 137.19 .013 170.99 1.84 ASSISTANT SURGEON 1 1 1 144.77 134.77 .000 134.77 .01 AMESTHESIOLOGIST 51 293 7,100.69 242.26 .023 139.37 .55 DIALYSIS 11 1 1 2,871.98 261.09 .001 261.09 .22 PATHOLOGY 204 371 6,020.78 16.23 .029 29.51 .47 RADIOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PATHOLOGY 561 937 35.00 50.00 .00 .00 .00 .00 .00 .00 .00 .	INPATIENT VISITS	179	983	85,260.63	86.74	.077	476.32	6.65
OPHTHALMOLOGICAL SERVICES   29   37	HOSPITAL VISITS	152	540	23,642.06	43.78			
OPHTHALMOLOGICAL SERVICES   29   37	CRITICAL CARE	44	422	60,942.83	144.41			4.75
OPHTHALMOLOGICAL SERVICES   29   37	SNF/ICF/TRANS IP CARE	8	21	675.74	32.18			.05
EXAMINATIONS 28 36 1,821.60 50.60 .003 65.06 .14 SERVICES AND MATERIALS 1 1 35.29 35.29 .000 INPATIENT HOSPITAL SURGERY 195 1,257 87,380.33 69.51 .098 448.10 6.81 PRINCIPAL SURGEON 120 147 67,108.47 456.52 .011 559.24 5.23 ASSISTANT SURGEON 17 18 2,693.34 149.63 .001 158.43 .21 ANESTHESIOLOGIST 89 1,092 17,578.52 16.10 .085 197.51 1.37 OUTPATIENT SURGERY 178 466 30.838.87 66.18 .036 173.25 2.40 PRINCIPAL SURGEON 138 172 23,596.41 137.19 .013 170.99 1.84 ASSISTANT SURGEON 1 1 1 134.77 134.77 .000 134.77 .01 ANESTHESIOLOGIST 51 293 7,107.69 24.26 .023 139.37 .55 21.40 PRINCIPAL SURGEON 1 1 1 12,871.98 261.09 .001 261.09 2.22 PATHOLOGY 204 371 6,020.78 16.23 .029 29.51 .47 ANESTHESIOLOGIST 561 937 28,419.77 30.33 .073 50.66 2.22 PXCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		29	37	1,856.89	50.19		64.03	.14
SERVICES AND MATERIALS 1 1 1 35.29 35.29 .000 35.29 .00 10 1 1 1		28	36				65.06	.14
INPATIENT HOSPITAL SURGERY	SERVICES AND MATERIALS	1	1			.000	35.29	.00
PRINCIPAL SURGEON 120 147 67,108.47 456.52 .011 559.24 5.23 ASSIRANT SURGEON 17 18 2,693.34 149.63 .001 158.43 .21 ANESTHESIOLOGIST 89 1,092 17,578.52 16.10 .085 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .036 173.25 2.40 PRINCIPAL SURGEON 138 172 23,596.41 137.19 .013 170.99 1.80 ASSISTANT SURGEON 1 1 1 134.77 134.77 .000 134.77 .01 ANESTHESIOLOGIST 51 293 7,107.69 24.26 .023 139.37 .55 DIALYSIS 11 11 11 2,871.98 261.09 .001 261.09 .22 PATHOLOGY 204 371 6,020.78 16.23 .029 29.51 47 RADIOLOGY 561 937 28,419.77 30.33 .029 29.51 47 RADIOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	INPATIENT HOSPITAL SURGERY	195	1,257	87,380.33			448.10	6.81
ASSISTANT SURGEON ANESTHESIOLOGIST B9 1,092 17,578.52 16.10 .085 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .036 173.25 2.40 PRINCIPAL SURGEON 138 172 23,596.41 137.19 .013 170.99 1.84 ASSISTANT SURGEON 1 1 1 1 134.77 134.77 .000 134.77 .01 ANESTHESIOLOGIST 51 293 7,107.69 24.26 .023 139.37 .55 DIALYSIS 11 11 2,871.98 261.09 .001 261.09 .22 PATHOLOGY 204 371 66,020.78 16.23 .029 29.51 .47 RADIOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PATHOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PSYCHIATRY ON AND INJECTION 44 72 66,943.14 96.43 .006 157.80 .54 OTHER SERVICES/ALL X-OVERS 214 417 19,678.18 47,19 .033 91.95 1.53 QPHARMACY 2,402 6,830 \$ 270,634.01 \$ 39.62 .533 \$ 112.67 \$ 21.11 PRESCRIPTION DRUGS 2,373 5,667 262,076.06 51.72 .395 110.44 20.44 SNF/ICF 38 231 21,029.02 91.03 .018 553.40 1.64 OUTPATIENTS 2,336 4,836 241,047.04 49.84 .377 103.19 18.80 WEIGHLAS UNDERLY 94 216 16,219.96 75.09 .017 172.55 1.26 DRUGUS 7 8 36.68 4.59 .001 50.40 .01 ORAL SURGERY 94 216 16,219.96 75.09 .017 172.55 1.26 DRUGUS 3 3 3 445.00 148.33 .000 148.33 .003 ANESTRESTRICES  94 216 16,219.96 75.09 .017 172.55 1.26 DRUGUS 3 1 47 7,781.50 16.56 .004 251.02 .61 PRESCRIPTION DRUGS 3 3 3 445.00 148.33 .000 148.33 .03 ANESTRESTRESTRES 1 79 1.76 36.84 80.40 .001 80.40 .11 PRESCRIPTION DRUGS 3 3 3 445.00 148.33 .000 148.33 .03 ENDODONTICS 3 1 47 7,781.50 16.56 .004 251.02 .61 PRESCRIPTION DRUGS 3 1 47 7,781.50 16.56 .004 251.02 .61 PRESCRIPTION DRUGS 3 1 47 7,781.50 16.56 .004 251.02 .61 PRESCRIPTION DRUGS 3 1 47 7,781.50 16.56 .004 251.02 .61 PRESCRIPTION DRUGE 3 1 7 482 25,253.00 52.39 .038 142.67 1.97 PROSTRETICS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON							
ANESTHESIOLOGIST 89 1,092 17,578.52 16.10 .085 197.51 1.37 OUTPATIENT SURGERY 178 466 30,838.87 66.18 .036 173.25 2.40 PRINCIPAL SURGEON 138 172 23,596.41 137.19 .013 170.99 1.84 ASSISTANT SURGEON 1 1 1 134.77 134.77 .000 134.77 .01 ANESTHESIOLOGIST 51 293 7,107.69 24.26 .023 139.37 .55 DIALYSIS 11 11 11 2,871.98 261.09 .001 261.09 .22 PATHOLOGY 204 371 6,020.78 16.23 .029 29.51 .47 RADIOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ASSISTANT SURGEON	17	18					
OUTPATIENT SURGERY 178 466 30,838.87 66.18 .036 173.25 2.40 PRINCIPAL SURGEON 138 172 23,596.41 137.19 .013 173.25 2.40 ASSISTANT SURGEON 1 1 1 134.77 134.77 .000 134.77 .01 ANESTHESIOLOGIST 51 293 7,107.69 24.26 .023 139.37 .55 DIALYSIS 11 11 2,871.98 261.09 .001 261.09 .22 PATHOLOGY 204 371 6,020.78 16.23 .029 29.51 .47 ABJOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PATHOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 72 6,931.4 96.43 .006 157.80 .54 OTHER SERVICES/ALL X-OVERS 214 417 19,678.18 47.19 .033 91.95 1.53 PARAMACY 2,402 6,830 \$ 270,634.01 \$ 39.62 .533 \$ 112.67 \$ 21.11 PRESCRIPTION DRUGS 2,373 5,067 262,076.06 51.72 .395 110.44 20.44 SNF/ICF 38 231 21,029.02 91.03 .018 553.40 1.64 OUTPATIENTS 2,336 4,836 241,047.04 49.84 .377 103.19 18.80 MEDICAL SUPPLIES 79 1,763 8,557.95 4.85 .137 108.33 .67 PARAMACY 94 22 1,694 26,936.54 15.90 .01 52.4 .00 ANESTHESIA 17 17 17 18.80 36.68 4.59 .001 5.24 .00 ANESTHESIA 17 17 17 1,366.84 80.40 .001 80.40 .11 PERIODONTICS 3 3 3 445.00 .148.33 .003 148.33 .03 ANESTHESIA 17 17 17 1,366.84 80.40 .001 80.40 .11 PERIODONTICS 3 1 47 7,781.50 165.56 .004 251.02 .61 RESTORATIVE DENTISTRY 177 482 25,253.00 52.39 .038 142.67 1.97 PROSTHETICS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ANESTHESIOLOGIST	89	1,092					1.37
PRINCIPAL SURGEON         138         172         23,596.41         137.19         .013         170.99         1.84           ASSISTANT SURGEON         1         1         134.77         134.77         .000         134.77         .01           ANESTHESIOLOGIST         51         293         7,107.69         24.26         .023         139.37         .55           DIALYSIS         11         11         2,871.98         261.09         .001         261.09         .22           PATHOLOGY         204         371         6,020.78         16.23         .029         29.51         .47           RADIOLOGY         561         937         28,419.77         30.33         .073         50.66         2.22           PSYCHIATRY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .	OUTPATIENT SURGERY	178						
ASSISTANT SURGEON ANESTHESIOLOGIST 51 293 7,107.69 24.26 0.03 139.37 .55 DIALYSIS DIALYSIS 11 11 12,871.98 261.09 .001 261.09 .022 PATHOLOGY 204 371 6,020.78 16.23 .029 29.51 .47 RADIOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PATHOLOGY PSYCHIATRY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	138	172					
ANESTHESIOLOGIST 51 293 7,107.69 24.26 .023 139,37 .55 DIALYSIS 11 11 2,871.98 261.09 .001 261.09 .22 PATHOLOGY 204 371 6,020.78 16.23 .029 29.51 .47 RADIOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PATHOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PATHOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 SADIOLOGY 561 937 95.40 96.43 .006 157.80 .00 .00 .00 .00 .00 .00 .00 .00 .00	ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	.01
DIALYSIS DIALYSIS DIALYSIS DIALYSIS DIALYSIS DIALYSIS DIALYSIS DATA		51	293	7,107.69	24.26	.023	139.37	.55
RADIOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	DIALYSIS	11	11	2,871.98	261.09	.001	261.09	.22
RADIOLOGY 561 937 28,419.77 30.33 .073 50.66 2.22 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PATHOLOGY	204	371	6,020.78	16.23	.029	29.51	.47
PSYCHIATRY	RADIOLOGY	561	937	28,419.77	30.33	.073	50.66	2.22
OTHER SERVICES/ALL X-OVERS 214 417 19,678.18 47.19 .033 91.95 1.53 (PHARMACY 2,402 6,830 \$ 270,634.01 \$ 39.62 .533 \$ 112.67 \$ 21.11 PRESCRIPTION DRUGS 2,373 5,067 262,076.06 51.72 .395 110.44 20.44 SNF/ICF 38 231 21,029.02 91.03 .018 553.40 1.64 OUTPATIENTS 2,336 4,836 241,047.04 49.84 .377 103.19 18.80 MEDICAL SUPPLIES 79 1,763 8,557.95 4.85 .137 108.33 .67 (PDENTIST 540 2,507 \$ 81,532.52 \$ 32.52 .196 \$ 150.99 \$ 6.36 VISITS - DIAGNOSTIC 402 1,694 26,936.54 15.90 .132 67.01 2.10 ORAL SURGERY 94 216 16,219.96 75.09 .017 172.55 1.26 DRUGS 7 8 36.68 4.59 .001 5.24 .00 ANESTHESIA 17 17 1,366.84 80.40 .001 80.40 .11 PERIODONTICS 3 3 3 445.00 148.33 .03 ENDODONTICS 31 47 7,781.50 165.56 .004 251.02 .61 RESTORATIVE DENTISTRY 177 482 25,253.00 52.39 .038 142.67 1.97 PROSTHETICS 0 0 0 .00 .00 .00 .00 DENTURES, STAYPLATES 1 7 288.00 41.14 .001 288.00 .02	PSYCHIATRY	0	0	.00	. 00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS 214 417 19,678.18 47.19 .033 91.95 1.53 (PHARMACY 2,402 6,830 \$ 270,634.01 \$ 39.62 .533 \$ 112.67 \$ 21.11 PRESCRIPTION DRUGS 2,373 5,067 262,076.06 51.72 .395 110.44 20.44 SNF/ICF 38 231 21,029.02 91.03 .018 553.40 1.64 OUTPATIENTS 2,336 4,836 241,047.04 49.84 .377 103.19 18.80 MEDICAL SUPPLIES 79 1,763 8,557.95 4.85 .137 108.33 .67 (PDENTIST 540 2,507 \$ 81,532.52 \$ 32.52 .196 \$ 150.99 \$ 6.36 VISITS - DIAGNOSTIC 402 1,694 26,936.54 15.90 .132 67.01 2.10 ORAL SURGERY 94 216 16,219.96 75.09 .017 172.55 1.26 DRUGS 7 8 36.68 4.59 .001 5.24 .00 ANESTHESIA 17 17 1,366.84 80.40 .001 80.40 .11 PERIODONTICS 3 3 3 445.00 148.33 .03 ENDODONTICS 31 47 7,781.50 165.56 .004 251.02 .61 RESTORATIVE DENTISTRY 177 482 25,253.00 52.39 .038 142.67 1.97 PROSTHETICS 0 0 0 .00 .00 .00 .00 DENTURES, STAYPLATES 1 7 288.00 41.14 .001 288.00 .02	IMMUNIZATION AND INJECTION	44	72	6,943.14	96.43	.006	157.80	.54
@PHARMACY         2,402         6,830         \$ 270,634.01         \$ 39.62         .533         \$ 112.67         \$ 21.11           PRESCRIPTION DRUGS         2,373         5,067         262,076.06         51.72         .395         110.44         20.44           SNF/ICF         38         231         21,029.02         91.03         .018         553.40         1.64           OUTPATIENTS         2,336         4,836         241,047.04         49.84         .377         103.19         18.80           MEDICAL SUPPLIES         79         1,763         8,557.95         4.85         .137         108.33         .67           @DENTIST         540         2,507         \$ 81,532.52         \$ 32.52         .196         \$ 150.99         \$ 6.36           VISITS - DIAGNOSTIC         402         1,694         26,936.54         15.90         .132         67.01         2.10           ORAL SURGERY         94         216         16,219.96         75.09         .017         172.55         1.26           DRUGS         7         8         36.68         4.59         .001         5.24         .00           ANESTHESIA         17         17         1,366.84         80.40         .001 <td>OTHER SERVICES/ALL X-OVERS</td> <td>214</td> <td>417</td> <td>19,678.18</td> <td>47.19</td> <td>.033</td> <td>91.95</td> <td>1.53</td>	OTHER SERVICES/ALL X-OVERS	214	417	19,678.18	47.19	.033	91.95	1.53
SNF/ICF       38       231       21,029.02       91.03       .018       553.40       1.64         OUTPATIENTS       2,336       4,836       241,047.04       49.84       .377       103.19       18.80         MEDICAL SUPPLIES       79       1,763       8,557.95       4.85       .137       108.33       .67         @DENTIST       540       2,507       \$       81,532.52       \$       32.52       .196       \$       150.99       \$       63.6         VISITS - DIAGNOSTIC       402       1,694       26,936.54       15.90       .132       67.01       2.10         ORAL SURGERY       94       216       16,219.96       75.09       .017       172.55       1.26         DRUGS       7       8       36.68       4.59       .001       5.24       .00         ANESTHESIA       17       17       1,366.84       80.40       .001       80.40       .11         PERIODONTICS       3       3       445.00       148.33       .000       148.33       .03         ENDODONTICS       31       47       7,781.50       165.56       .004       251.02       .61         RESTORATIVE DENTISTRY       17	@PHARMACY	2,402	6 <b>,</b> 830 \$	270,634.01	\$ 39.62			\$ 21.11
OUTPATIENTS         2,336         4,836         241,047.04         49.84         .377         103.19         18.80           MEDICAL SUPPLIES         79         1,763         8,557.95         4.85         .137         108.33         .67           @DENTIST         540         2,507         \$ 81,532.52         \$ 32.52         .196         \$ 150.99         \$ 6.36           VISITS - DIAGNOSTIC         402         1,694         26,936.54         15.90         .132         67.01         2.10           ORAL SURGERY         94         216         16,219.96         75.09         .017         172.55         1.26           DRUGS         7         8         36.68         4.59         .001         5.24         .00           ANESTHESIA         17         17         1,366.84         80.40         .001         80.40         .11           PERIODONTICS         3         3         445.00         148.33         .00         148.33         .03           ENDODONTICS         31         47         7,781.50         165.56         .004         251.02         .61           RESTORATIVE DENTISTRY         17         482         25,253.00         52.39         .038         142.67 </td <td>PRESCRIPTION DRUGS</td> <td>2,373</td> <td>5,067</td> <td>262,076.06</td> <td>51.72</td> <td>.395</td> <td>110.44</td> <td>20.44</td>	PRESCRIPTION DRUGS	2,373	5,067	262,076.06	51.72	.395	110.44	20.44
@DENTIST       540       2,507       \$       81,532.52       32.52       .196       \$       150.99       \$       6.36         VISITS - DIAGNOSTIC       402       1,694       26,936.54       15.90       .132       67.01       2.10         ORAL SURGERY       94       216       16,219.96       75.09       .017       172.55       1.26         DRUGS       7       8       36.68       4.59       .001       5.24       .00         ANESTHESIA       17       17       1,366.84       80.40       .001       80.40       .11         PERIODONTICS       3       3       445.00       148.33       .000       148.33       .03         ENDODONTICS       31       47       7,781.50       165.56       .004       251.02       .61         RESTORATIVE DENTISTRY       177       482       25,253.00       52.39       .038       142.67       1.97         PROSTHETICS       0       0       .00       .00       .00       .00       .00       .00         DENTURES, STAYPLATES       1       7       288.00       41.14       .001       288.00       .02	SNF/ICF	38	231	21,029.02		.018	553.40	1.64
@DENTIST       540       2,507       \$       81,532.52       32.52       .196       \$       150.99       \$       6.36         VISITS - DIAGNOSTIC       402       1,694       26,936.54       15.90       .132       67.01       2.10         ORAL SURGERY       94       216       16,219.96       75.09       .017       172.55       1.26         DRUGS       7       8       36.68       4.59       .001       5.24       .00         ANESTHESIA       17       17       1,366.84       80.40       .001       80.40       .11         PERIODONTICS       3       3       445.00       148.33       .000       148.33       .03         ENDODONTICS       31       47       7,781.50       165.56       .004       251.02       .61         RESTORATIVE DENTISTRY       177       482       25,253.00       52.39       .038       142.67       1.97         PROSTHETICS       0       0       .00       .00       .00       .00       .00       .00         DENTURES, STAYPLATES       1       7       288.00       41.14       .001       288.00       .02	OUTPATIENTS		4,836	241,047.04	49.84	.377	103.19	18.80
@DENTIST       540       2,507       \$       81,532.52       32.52       .196       \$       150.99       \$       6.36         VISITS - DIAGNOSTIC       402       1,694       26,936.54       15.90       .132       67.01       2.10         ORAL SURGERY       94       216       16,219.96       75.09       .017       172.55       1.26         DRUGS       7       8       36.68       4.59       .001       5.24       .00         ANESTHESIA       17       17       1,366.84       80.40       .001       80.40       .11         PERIODONTICS       3       3       445.00       148.33       .000       148.33       .03         ENDODONTICS       31       47       7,781.50       165.56       .004       251.02       .61         RESTORATIVE DENTISTRY       177       482       25,253.00       52.39       .038       142.67       1.97         PROSTHETICS       0       0       .00       .00       .00       .00       .00       .00         DENTURES, STAYPLATES       1       7       288.00       41.14       .001       288.00       .02	MEDICAL SUPPLIES		1,763	8,557.95	4.85	.137	108.33	.67
ORAL SURGERY       94       216       16,219.96       75.09       .017       172.55       1.26         DRUGS       7       8       36.68       4.59       .001       5.24       .00         ANESTHESIA       17       17       1,366.84       80.40       .001       80.40       .11         PERIODONTICS       3       3       445.00       148.33       .000       148.33       .03         ENDODONTICS       31       47       7,781.50       165.56       .004       251.02       .61         RESTORATIVE DENTISTRY       177       482       25,253.00       52.39       .038       142.67       1.97         PROSTHETICS       0       0       .00       .00       .00       .00       .00       .00         DENTURES, STAYPLATES       1       7       288.00       41.14       .001       288.00       .02	@DENTIST	540	2 <b>,</b> 507 \$	81,532.52	\$ 32.52	.196 \$	150.99	\$ 6.36
ORAL SURGERY 94 216 16,219.96 75.09 .017 172.55 1.26 DRUGS 7 8 36.68 4.59 .001 5.24 .00 ANESTHESIA 17 17 1,366.84 80.40 .001 80.40 .11 PERIODONTICS 3 3 445.00 148.33 .000 148.33 .03 ENDODONTICS 31 47 7,781.50 165.56 .004 251.02 .61 RESTORATIVE DENTISTRY 177 482 25,253.00 52.39 .038 142.67 1.97 PROSTHETICS 0 0 .00 .00 .00 .00 DENTURES, STAYPLATES 1 7 288.00 41.14 .001 288.00 .02	VISITS - DIAGNOSTIC	402	1,694	26,936.54	15.90	.132		2.10
ANESTHESIA 17 17 1,366.84 80.40 .001 80.40 .11 PERIODONTICS 3 3 445.00 148.33 .000 148.33 .03 ENDODONTICS 31 47 7,781.50 165.56 .004 251.02 .61 RESTORATIVE DENTISTRY 177 482 25,253.00 52.39 .038 142.67 1.97 PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 1 7 288.00 41.14 .001 288.00 .02	ORAL SURGERY			16,219.96	75.09	.017		1.26
PERIODONTICS     3     3     445.00     148.33     .000     148.33     .03       ENDODONTICS     31     47     7,781.50     165.56     .004     251.02     .61       RESTORATIVE DENTISTRY     177     482     25,253.00     52.39     .038     142.67     1.97       PROSTHETICS     0     0     .00     .00     .00     .00     .00     .00       DENTURES, STAYPLATES     1     7     288.00     41.14     .001     288.00     .02	DRUGS	7	8	36.68	4.59	.001	5.24	.00
ENDODONTICS     31     47     7,781.50     165.56     .004     251.02     .61       RESTORATIVE DENTISTRY     177     482     25,253.00     52.39     .038     142.67     1.97       PROSTHETICS     0     0     .00     .00     .00     .00     .00       DENTURES, STAYPLATES     1     7     288.00     41.14     .001     288.00     .02	ANESTHESIA						80.40	.11
RESTORATIVE DENTISTRY     177     482     25,253.00     52.39     .038     142.67     1.97       PROSTHETICS     0     0     .00     .00     .00     .00     .00     .00       DENTURES, STAYPLATES     1     7     288.00     41.14     .001     288.00     .02	PERIODONTICS				148.33	.000		.03
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 1 7 288.00 41.14 .001 288.00 .02	ENDODONTICS	31	47	7,781.50	165.56	.004	251.02	.61
DENTURES, STAYPLATES 1 7 288.00 41.14 .001 288.00 .02	RESTORATIVE DENTISTRY	177	482	25,253.00			142.67	1.97
	PROSTHETICS				.00		.00	.00
SPACE MAINTAINERS 4 7 720.00 102.86 .001 180.00 .06	DENTURES, STAYPLATES	1						
	SPACE MAINTAINERS	4	7	720.00	102.86	.001	180.00	.06

MAXILLOFACIAL SERVICES	3	2	150.00	75.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.09
ORTHODONTIC SERVICES	11	12	1,135.00	94.58	.001	103.18	.09
ALL OTHER SERVICES	4	11	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 14,826
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES F	OR 59 ALL ME	DICALLY INDIGENT				

							M	INO	HLY AVERA	GE	
12,823 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	103	307	\$	7,320.13	\$	23.84	.024	\$	71.07	\$	.57
DIAGNOSTIC AND ANC. PROCED	77	79		3,539.00		44.80	.006		45.96		.28
EYE APPLIANCES	74	219		3,218.52		14.70	.017		43.49		.25
OTHER OPTOMETRIC SERVICES	9	9		562.61		62.51	.001		62.51		.04
@CHIROPRACTOR	2	4	\$	66.88	\$	16.72	.000	\$	33.44	\$	.01
VISITS	2	4		66.88		16.72	.000		33.44		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	6	\$	190.81	\$	31.80	.000	\$	95.41	\$	.01
MEDICINE/INJECTIONS	1	3		102.34		34.11	.000		102.34		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	1	1		53.87		53.87	.000		53.87		.00
@HOME HEALTH AGENCY	39	93	\$	5,305.14	\$	57.04	.007	\$	136.03	\$	.41
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	151	1,966	\$	40,080.98	\$	20.39	.153	\$	265.44	\$	3.13
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	12	\$	94.13	\$	7.84	.001	\$	47.07	\$	.01
@TOTAL HOSPITAL	2,050	9 <b>,</b> 077	\$	2,105,102.39	\$	231.92	.708	\$	1026.88	\$	164.17
HOSP INPATIENT TOTAL	197	1,054		1,856,830.45		1761.70	.082		9425.54		144.80
HSC HOSPITALS	21	131		194,621.42		1485.66	.010		9267.69		15.18
NON-HSC HOSPITAL TOTAL	176	923		1,662,209.03		1800.88	.072		9444.37		129.63
ACCOMMODATIONS	176	923		679 <b>,</b> 737.98		736.44	.072		3862.15		53.01

ADMINISTRATIVE DAYS	5	54	12,474.81	231.02	.004	2494.96	.97
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	173	869	667,263.17	767.85	.068	3857.01	52.04
ANCILLARIES	176	0	982,471.05	.00		5582.22	76.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL		8,023		30.95	.626	128.97	19.36
MEDICAL	528	724		36.12	.056	49.53	2.04
	176	232	26,150.10 10,338.90				
SURGERY			10,338.90	44.56	.018	58.74	.81
PATHOLOGY	689	2,715	31,420.70	11.58	.212	45.61	2.45
RADIOLOGY	422	533	34,077.87	63.94	.042	80.75	2.66
ROOM USE	1,394	2,015	77 <b>,</b> 892.64	38.66	.157	55.88	6.07
CROSSOVERS/ALL OTH OUTPTNT		1,804	68 <b>,</b> 385.73	37.91 \$ 512.01	.141	104.09	5.33
@COUNTY HOSPITAL TOTAL	18	117 \$	59 <b>,</b> 904.77	\$ 512.01	.009 \$	3328.04	
CO HOSPITAL INPATIENT TOTAL	2	43	57 <b>,</b> 905.00	1346.63	.003	28952.50	4.52
HSC HOSPITALS	2	43	57,905.00	1346.63	.003	28952.50	4.52
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
ALL OIDER INFAILENT	16	74	1,999.77			124.99	
CO HOSP OUTPATIENT TOTAL MEDICAL	3	3		27.02 17.66	.006		
	3	6	52.98	38.77	.000	17.66	.00
SURGERY	5		232.61	38.//	.000	46.52	
PATHOLOGY	6	23	539.94	23.48 22.16	.002	89.99	.04
RADIOLOGY	1	2	44.32	22.16	.000	44.32	.00
ROOM USE	11	18	888.52	49.36		80.77	.07
CROSSOVERS/ALL OTH OUTPTNT		22	241.40	10.97	.002	26.82	.02
#CALIF DEPT OF HEALTH SERV			ITH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DE	C 2002	PAGE 14,827
	FEE-FOR-SERVICE						01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 59 ALL MEDICA	ALLY INDIGENT				
							GE
12,823 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,035	8,960 \$	2,045,197.62	\$ 228.26		1005.01	\$ 159.49
COMM HOSP INPATIENT TOTAL	195	1,011	1,798,925.45	1779.35	.079	9225.26	140.29
HSC HOSPITALS	19	88	136,716.42	1553.60	.007	7195.60	10.66
NON-HSC HOSPITALS TOTAL	176	923	1,662,209.03	1800.88	.072	9444.37	129.63
ACCOMMODATIONS	176	923	679,737.98	1800.88 736.44	.072	3862.15	53.01
ADMINISTRATIVE DAYS	5	54	12,474.81	231.02	.004	2494.96	.97
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	173	869	667,263.17	767.85	.068	3857.01	52.04
ANCILLARIES	176	0	982,471.05	.00	.000	5582.22	76.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00
					.620	.00	
COMM HOSP OUTPATIENT TOTAL	1,912	7,949	246,272.17	30.98		128.80	19.21
MEDICAL	525	721	26,097.12	36.20	.056	49.71	2.04
SURGERY	171	226	10,106.29	44.72	.018	59.10	.79
PATHOLOGY	683	2,692	30,886.76	11.47	.210	45.22	2.41
RADIOLOGY	421	531	34,033.55	64.09	.041	80.84	2.65
ROOM USE	1,383	1,997	77,004.12	38.56	.156	55.68	6.01
CROSSOVERS/ALL OTH OUTPTNT	648	1,782	68,144.33	38.24	.139	105.16	5.31
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

12,474.81 231.02 .004 2494.96

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	998	\$	103,185.10	\$	103.39	.078	\$	4299.38	\$	8.05
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	7	297		32,775.21		110.35	.023		4682.17		2.56
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	701		70,409.89		100.44	.055		4141.76		5.49
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	15	168	\$	2,421.95	\$	14.42	.013	\$	161.46	\$	.19
HOSPITAL BASED	1	0		25.15CR		.00	.000		25.15C	R	.00
INDEPENDENT FACILITY	14	168		2,447.10		14.57	.013		174.79		.19
@LABORATORY FACILITY	654	1,803	\$	30,238.96	\$	16.77	.141	\$	46.24	\$	2.36
PATHOLOGY	654	1,803		30,238.96		16.77	.141		46.24		2.36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,542	3 <b>,</b> 592	\$	237,038.31	\$	65.99	.280	\$	153.72	\$	18.49
CLINIC	454	1,761		46,097.72		26.18	.137		101.54		3.59
SURGICENTER	3	14		500.36		35.74	.001		166.79		.04
HEROIN DETOX CLINIC	1	17		203.82		11.99	.001		203.82		.02
RURAL HEALTH CLINIC	1,099	1,800		190,236.41		105.69	.140		173.10		14.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES M	IONTH-OF-PAYMENT RE	POR	r for Jan 200	2 THRU	DEC	2002	PF	GE 14,828
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 59 ALL	MEDI	CALLY INDIGENT							

----- MONTHLY AVERAGE -----USERS 12,823 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .277 \$ @ALL OTHER PROVIDERS 472 3,548 115,549.78 32.57 244.81 \$ 9.01 1000.94 DURABLE MED. EQUIP. 27 464 27,025.37 58.24 .036 2.11 BLOOD BANK 0 0 .00 .00 .000 .00 .00 1 25.00 25.00 .000 25.00 HEARING AID DISPENSERS .00 2,044 MEDICAL TRANSPORTATION 99 31,860.40 15.59 .159 321.82 2.48 99 AMBULANCES/AIR TRANS 2,039 22,860.40 11.21 .159 230.91 1.78 OTHER TRANS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 5 9,000.00 1800.00 .000 1800.00 .70 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 111 111 8,733.00 78.68 .009 78.68 .68 19.75 19.75 .000 19.75 IHMC, MODEL-NF, NF, AIDS, MSSP 70 971.33 13.88 242.83 OCCUPATIONAL THERAPIST .005 .08 217 2,167.85 9.99 OPTICIAN .017 22.35 .17 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY 0 0 .00 .00 .00 .00 .000 79 PROSTHETIST/ORTHOTISTS 8,959.93 113.42 .006 407.27 .70 64 7,723.88 120.69 858.21 .60 PROSTHETICS .005 13 15 82.40 95.08 ORTHOTICS 1,236.05 .001 .10 0 0 .00 .000 .00 .00 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY 25 55 12,004.00 218.25 .004 480.16 .94 HOSPICE SERVICES 2 86 10,845.47 126.11 .007 5422.74 .85 NONINST BIRTHING CENTERS 8,407.84 934.20 .001 934.20 .66

LOCAL EDUCATION AGENCIES	83	411	4,529.84	11.02	.032	54.58	.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	251	2,234	\$ 823,016.51	\$ 368.40	.174	\$ 3278.95	\$ 64.18
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

 $<sup>\</sup>ensuremath{\emptyset^{\star}}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,829 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVICE											01/1//03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR	60 RENA	L DIAL	YSIS		AID COI	-				
								M			GE	
08 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES		RAGE COST	UNITS/DAY	S C	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	11		64	\$	8,920.90	\$	139.39	8.000	\$	810.99	\$	1115.11
@PHYSICIANS SERVICES	8		18	\$	207.94	\$	11.55	2.250	\$	25.99	\$	25.99
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	8		18		207.94		11.55	2.250		25.99		25.99
@PHARMACY	8		22	\$	3,401.60	\$	154.62	2.750	\$	425.20	\$	425.20
PRESCRIPTION DRUGS	8		22		3,401.60		154.62	2.750		425.20		425.20
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	8		22		3,401.60		154.62	2.750		425.20		425.20
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

	_											
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	-	PENDITU:	RES MONTH	I-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 14,830
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	VICES FOR	60 REN	AL DIALYS	SIS		AID COI	DES				
								M		'HLY AVERA	GE.	
08 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	(	COST PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2		15	\$	1,119.87	\$	74.66	1.875	\$	559.94	\$	139.98
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00

.00 .000 HSC HOSPITALS .00 .00 .00 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 1,119.87 15 559.94 139.98 HOSP OUTPATIENT TOTAL 74.66 1.875 MEDICAL 0 .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 .00 PATHOLOGY .00 .000 .00 .00 .00 RADIOLOGY 0 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 15 1,119.87 74.66 1.875 559.94 139.98 0 .00 .00 .000 .00 @COUNTY HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00

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ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	S MONTH-OF-	-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,831
MOP024	FEE-FOR-SERVICE/DE	ENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE	ES FOR 60 RENAL	DIALYSIS		AID COI	DES		
						MON	THLY AVERAG	E
08 ELIGIBLES		NITS OF SERVICE	EXPE	ENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	15	\$	1,119.87	\$ 74.66	1.875 \$		\$ 139.98
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00

.00

.00

1,119.87

.00

.00

74.66

.000

.000

1.875

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559.94

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139.98

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ALL OTHER INPATIENT

MEDICAL

COMM HOSP OUTPATIENT TOTAL

11111011001	-		-		.00		• 0 0	.000		• • • •		.00	
RADIOLOGY	0		0		.00		.00	.000		.00		.00	
ROOM USE	0		0		.00		.00	.000		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	2		15		1,119.87		74.66	1.875		559.94		139.98	
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
MENTALLY ILL	0		0		.00		.00	.000		.00		.00	
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00	
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00	
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00	
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00	
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
ICF DDH	0		0		.00		.00	.000		.00		.00	
ICF DD	0		0		.00		.00	.000		.00		.00	
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	8		9	\$	4,191.49	\$	465.72	1.125	\$	523.94	\$	523.94	
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00	
HEMODIALYSIS CENTER	8		9		4,191.49		465.72	1.125		523.94		523.94	
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
PATHOLOGY	0		0	·	.00	•	.00	.000	·	.00	·	.00	
XO AND OTHERS	0		0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00	
CLINIC	0		0	т	.00	7	.00	.000	7	.00	7	.00	
SURGICENTER	0		0		.00		.00	.000		.00		.00	
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE		ES MONTH		EPORT			DEC		ΡZ	AGE 14,832	
MOP024	FEE-FOR-SERVICE		LIVETION	11011111	OI IIIIIIIIII I	DI OI(I	1010 01110 2	002 11110		2002		01/17/03	
SONOMA COUNTY	SUMMARY OF SERV		60 RENA	T. DTALYS	TS		AID COD	ES				01/11/00	
BONOIMI COONII	DOIMMING OF BEHAV	TODO TOR	OO REIVI	L DIMLIO	10		HID COD		ONT	HLY AVERA	GE -		
08 ELIGIBLES	USERS	UNITS OF	SERVICE	,	EXPENDITURES	Z/L	RAGE COST					COST PER	
00 EDIGIDADS	ODERO	OR DAYS			EXIENDITORES		UNIT/DAY			USER		ELIGIBLE	
@ALL OTHER PROVIDERS	0	OIC DIIID	0	\$	.00	\$	.00	.000		.00		.00	
DURABLE MED. EQUIP.	0		0	Ÿ	.00	٧	.00	.000	Y	.00	٧	.00	
BLOOD BANK	0		0		.00		.00	.000		.00		.00	
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00	
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00	
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00	
OTHER TRANS	0		0		.00		.00	.000		.00		.00	
OTHER SERVICES	0		0		.00		.00	.000		.00		.00	
	0		0		.00		.00	.000		.00		.00	
ACUPUNCTURE	0		0					.000				.00	
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00	
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00	
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00	
OCCUPATIONAL THERAPIST OPTICIAN	0		0		.00		.00	.000		.00		.00	
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00	
	0		0		.00			.000				.00	
PORTABLE X-RAY	0		0				.00			.00			
PROSTHETIST/ORTHOTISTS	U		U		.00		.00	.000		.00		.00	

0

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0

SURGERY

PATHOLOGY

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	10	42	\$	5,519.30	\$ 131.41	5.250	\$ 551.93	\$ 689.91

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

 $^{\star\star}$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,833
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION ALD CODES

SONOMA COUNTY	SUMMARY OF SERV	VICES FOR 61 TOTAL	PARE	NTERAL NUTRITION	AID CO	DES		
						MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	\$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	\$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	\$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00	.0	0 .000	.00	.00
@DENTIST	0	0	\$	.00	\$ .0	0 .000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.0	0 .000	.00	.00
ORAL SURGERY	0	0		.00	.0	0 .000	.00	.00
DRUGS	0	0		.00	.0	0 .000	.00	.00
ANESTHESIA	0	0		.00	.0	0 .000	.00	.00
PERIODONTICS	0	0		.00	.0	0 .000	.00	.00
ENDODONTICS	0	0		.00	.0	0 .000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.0	0 .000	.00	.00
PROSTHETICS	0	0		.00	.0	0 .000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.0	0 .000	.00	.00
SPACE MAINTAINERS	0	0		.00	.0	0 .000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.0	0 .000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.0	0 .000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.0	0 .000	.00	.00
ALL OTHER SERVICES	0	0		.00	.0	0 .000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH	-OF-PAYMENT RE	PORT FOR J	AN 2002 THRU	DEC 2002	PAGE 14,834
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	STIMMARY OF SERVICES FOR	61 TOT	T. DARENT	FRAT. MIITRITTON		CODES		

SONOMA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

SONOMA COUNTI	SUMMANT OF SEN	VICES FOR OI TOTA	n LVI	KENIEKAL NOIKIIION	VII	,					
							MO			GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/				USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .0		.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	. 0	0	.000		.00		.00
EYE APPLIANCES	0	0		.00	.0	0	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	. 0	0	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$	.00
VISITS	0	0		.00	.0	0	.000		.00		.00
OTHER SERVICES	0	0		.00	. 0	0	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	. 0	0	.000		.00		.00
SURGERY/ANES.	0	0		.00	. 0	0	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.0	0	.000		.00		.00
OTHER	0	0		.00	. 0	0	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .0	0	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	. 0	0	.000		.00		.00
HSC HOSPITALS	0	0		.00	. 0	0	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.0	0	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.0	0	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	. 0	0	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	. 0	0	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.0	0	.000		.00		.00
ANCILLARIES	0	0		.00	. 0	0	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	. 0	0	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	. 0	0	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	. 0	0	.000		.00		.00
MEDICAL	0	0		.00	. 0	0	.000		.00		.00
SURGERY	0	0		.00	. (	0	.000		.00		.00
PATHOLOGY	0	0		.00	. (	0	.000		.00		.00
RADIOLOGY	0	0		.00	.0	0	.000		.00		.00
ROOM USE	0	0		.00	. 0	0	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 14,835
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	R 61 TOTAL	PARENTERAL NUTRITION	AID CO	DES		
					MONTH	ILY AVERAGE	E
					,		

00 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST		COST PER	-	COST PER
00 FILGIPLES	USEKS	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	Λ	OR DATS OF CARD	\$	.00	\$ .00	.000 \$		\$	.00
COMM HOSP INPATIENT TOTAL	0	0	Y	.00	.00	.000	.00	Y	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000			
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.000	.00		.00
	0	0			.00				
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	_	.00	.00	.000	.00	_	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	Λ		Λ		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ċ	.00
HOSPITAL BASED	0		0	۲	.00	т	.00	.000	ې	.00	۲	.00
	0		0									
HEMODIALYSIS CENTER	0		0	Ċ	.00	ć	.00	.000	ċ	.00	Ċ	.00
@REHABILITATION FACILITY	0		0	\$	.00	Ş	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	_	.00		.00	.000	_	.00	_	.00
@LABORATORY FACILITY	0		0	\$	.00	Ş	.00	.000	\$	.00	Ş	.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITUR	ES MO	NTH-OF-PAYMENT RE	PORT FOR	JAN	2002 THRU	DEC	2002	PAG	E 14,836
MODOOA	THE HOD CHRISTON / DI											01/15/00
MOP024	FEE-FOR-SERVICE/DE	ENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICE		61 TOTA	L PAR	ENTERAL NUTRITION	А	ID CO	DES				01/1//03
			61 TOTA	L PAR	ENTERAL NUTRITION	A	ID CO	-	IONTI	HLY AVERA		
	SUMMARY OF SERVICE				ENTERAL NUTRITION EXPENDITURES			-		HLY AVERA	GE	01/1//03  ST PER
SONOMA COUNTY	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE				COST	M UNITS/DAY	S (		GE CO	
SONOMA COUNTY  00 ELIGIBLES	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE			AVERAGE PER UNI	COST	M UNITS/DAY	S (	COST PER	GE CO	 ST PER
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES	AVERAGE PER UNI \$	COST T/DAY	UNITS/DAY	S (	COST PER USER	GE CO EL	 ST PER IGIBLE
SONOMA COUNTY  00 ELIGIBLES	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00	AVERAGE PER UNI \$	COST T/DAY .00	UNITS/DAY PER ELIG .000	S (	COST PER USER .00	GE CO EL	ST PER IGIBLE .00
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00	AVERAGE PER UNI \$	COST T/DAY	M UNITS/DAY PER ELIG .000	S (	COST PER USER .00	GE CO EL	ST PER IGIBLE .00 .00
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00	AVERAGE PER UNI \$	COST T/DAY .00 .00	UNITS/DAY PER ELIG .000 .000 .000	S (	COST PER USER .00 .00 .00	GE CO EL	ST PER IGIBLE .00 .00
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00	AVERAGE PER UNI \$	COST T/DAY .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000	S (	USER .00 .00 .00 .00 .00	GE CO EL	ST PER IGIBLE .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00	AVERAGE PER UNI \$	COST T/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000	S (	USER	GE CO EL	ST PER IGIBLE .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES .00 .00 .00 .00 .00	AVERAGE PER UNI \$	COST T/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	S (	USER	GE CO EL	ST PER IGIBLE .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE PER UNI \$	COST T/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S (	USER	GE CO EL	ST PER IGIBLE .00 .00 .00 .00 .00 .00 .00 .00
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE PER UNI \$	COST T/DAY .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S (	USER	GE CO EL	ST PER IGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
SONOMA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS UN	ES FOR	SERVICE OF CARE		EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE PER UNI \$	COST T/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S (	USER	GE CO EL	ST PER IGIBLE .00 .00 .00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,837 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 14,838

FEE-FOR-SERVICE/DENTAL

MOP024

SONOMA COUNTY

01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56 ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$ .00 \$ .00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY 0 .00 \$ .00 .000 \$ .00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 \$ .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL .00 .00 .000 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT REP	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 14,839
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	AII	CODES 51 5	2 56		
						M	ONTHLY AVERA	GE

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$ .00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$ .00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$ .00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00		\$		\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$		\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT REI	PORT FO	R JAN 2	:002 THRU I	DEC 2	002	PAC	GE 14,840
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	A ALIENS	AII	D CODES	51 52	56				

----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS Ω 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 HEARING AID DISPENSERS .00 .000 .00 MEDICAL TRANSPORTATION 0 .00 .00 .000 .00 .00 .000 AMBULANCES/AIR TRANS .00 .00 .00 .00 .00 .000 .00 OTHER TRANS .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .000 SPEECH AND AUDIOLOGY .00 .00 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00

01/17/03

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,841 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F SONOMA COUNTY

						N	ONTHLY AVER	AGE	
5,119 ELIGIBLES	USERS	UNITS OF SERVICE	EXE	ENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/D	AY PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,723	18,264 \$	2,5	10,623.12	\$ 137.46	3.568	\$ 922.01	. \$	490.45
@PHYSICIANS SERVICES	1,009	3,022 \$	5 2	207,209.23	\$ 68.57	.590	\$ 205.36	; \$	40.48
OUTPATIENT VISITS	263	477		21,503.95	45.08	.093	81.76	)	4.20
OFFICE VISITS	38	48		1,834.92	38.23	.009	48.29	)	.36
HOME VISITS	0	0		.00	.00	.000	.00	1	.00
EMERGENCY ROOM	168	205		10,447.15	50.96	.040	62.19	)	2.04
PREVENTIVE CARE	5	5		273.45	54.69	.001	54.69	)	.05
OB VISITS/COMPRE PERI	60	218		8,927.49	40.95	.043	148.79	)	1.74
OTHER OUTPATIENT	1	1		20.94	20.94	.000	20.94	:	.00
INPATIENT VISITS	207	607		44,464.08	73.25	.119	214.80	1	8.69
HOSPITAL VISITS	195	434		19,843.07	45.72	.085	101.76	j	3.88
CRITICAL CARE	25	170		24,538.51	144.34	.033	981.54	1	4.79
SNF/ICF/TRANS IP CARE	3	3		82.50	27.50	.001	27.50	1	.02
OPHTHALMOLOGICAL SERVICES	1	1		39.86	39.86	.000	39.86	j	.01
EXAMINATIONS	1	1		39.86	39.86		39.86		.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	J	.00
INPATIENT HOSPITAL SURGERY	241	956	1	.05,316.59	110.16	.187	437.00	1	20.57
PRINCIPAL SURGEON	166	174		85,457.54	491.14	.034	514.80	1	16.69
ASSISTANT SURGEON	25	26		4,949.13	190.35	.005	197.97	1	.97
ANESTHESIOLOGIST	80	756		14,909.92	19.72		186.37		2.91
OUTPATIENT SURGERY	45	114		6,720.25	58.95	.022	149.34		1.31
PRINCIPAL SURGEON	31	36		4,784.23	132.90	.007	154.33	j.	.93

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	78	1,936.02	24.82	.015	129.07	.38
DIALYSIS	5	17	1,299.16	76.42	.003	259.83	.25
PATHOLOGY	82	113	2,804.23	3 24.82	.022	34.20	.55
RADIOLOGY	441	583	16,499.98	3 28.30	.114	37.41	3.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	66.66	33.33	.000	33.33	.01
OTHER SERVICES/ALL X-OVERS	79	152	8,494.47	55.88	.030	107.52	1.66
@PHARMACY	623	1,452 \$	61,040.81	\$ 42.04	.284	\$ 97.98	\$ 11.92
PRESCRIPTION DRUGS	591	1,262	50,660.30	40.14	.247	85.72	9.90
SNF/ICF	4	20	775.17		.004	193.79	.15
OUTPATIENTS	587	1,242	49,885.13	40.17	.243	84.98	9.75
MEDICAL SUPPLIES	72	190	10,380.51			144.17	2.03
@DENTIST	15	43 \$	202.00	) \$ 4.70	.008	\$ 13.47	\$ .04
VISITS - DIAGNOSTIC	13	33	202.00	6.12	.006	15.54	.04
ORAL SURGERY	5	7	.00	.00	.001	.00	.00
DRUGS	0	0	.00		.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00			.00	.00
RESTORATIVE DENTISTRY	3	3	.00			.00	.00
PROSTHETICS	0	0	.00			.00	.00
DENTURES, STAYPLATES	0	0	.00			.00	.00
SPACE MAINTAINERS	0	0	.00			.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00			.00	.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JA	N 2002 THRU	DEC 2002	PAGE 14,842

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

DONOLIA COONTI	DOMINANT OF DEIN	VICED FOR 05 MI/	.114 1217.1	A GIG TOOHILM NEL	1D C	,000 33 30	O E				
							M	CNO	THLY AVERA	ιGΕ	
5,119 ELIGIBLES	USERS	UNITS OF SERVIC	€.	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	51	84	\$	4,324.22	\$	51.48	.016	\$	84.79	\$	.84
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	109	1,044	\$	31,730.55	\$	30.39	.204	\$	291.11	\$	6.20
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,202	6 <b>,</b> 281	\$	1,943,281.14	\$	309.39	1.227	\$	1616.71	\$	379.62
HOSP INPATIENT TOTAL	241	1,141		1,797,252.07		1575.16	.223		7457.48		351.09
HSC HOSPITALS	10	39		53,250.02		1365.39	.008		5325.00		10.40
NON-HSC HOSPITAL TOTAL	230	1,101		1,743,210.05		1583.30	.215		7579.17		340.54
ACCOMMODATIONS	230	1,101		772,550.23		701.68	.215		3358.91		150.92

ADMINISTRATIVE DAYS	2	9	1,831.96	203.55	.002	915.98	.36
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	229	1,092	770,718.27	705.79	.213	3365.58	150.56
ANCILLARIES	230	0	970,659.82	.00	.000	4220.26	189.62
INPATIENT CROSSOVERS	1	1	792.00	792.00	.000	792.00	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1 <b>,</b> 056	5,140	146,029.07	28.41	1.004	138.29	28.53
MEDICAL	112	149	7,103.16	47.67	.029	63.42	1.39
SURGERY	119	160	5,730.81	35.82	.031	48.16	1.12
	533						4.91
PATHOLOGY		1,910	25,126.32	13.16	.373	47.14	
RADIOLOGY	387	468	30,333.36	64.81	.091	78.38	5.93
ROOM USE	537	861	30,822.91	35.80	.168	57.40	6.02
CROSSOVERS/ALL OTH OUTPTNT		1,592	46,912.51	29.47	.311	107.35	9.16
@COUNTY HOSPITAL TOTAL	9	33 \$	1,254.09		.006 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	15.39CR	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	15.39CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	15.39CR	. 00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	15.39CR		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00			.00
	0	33	1,269.48		.000	.00 141.05	
CO HOSP OUTPATIENT TOTAL	9	0		38.47			.25
MEDICAL	U		45.64	.00	.000	.00	.01
SURGERY	2	3	84.15	28.05	.001	42.08	.02
PATHOLOGY	7	18	244.13	13.56	.004	34.88	.05
RADIOLOGY	0	0	6.96	.00	.000	.00	.00
ROOM USE	3	5	326.24	65.25	.001	108.75	.06
ROOM USE CROSSOVERS/ALL OTH OUTPINT	3 4	5 7		65.25 80.34	.001 .001	108.75 140.59	.06 .11
	<del>=</del>		326.24 562.36	80.34	.001	140.59	
CROSSOVERS/ALL OTH OUTPINT	<del>=</del>	7 CES AND EXPENDITURES MO	326.24 562.36	80.34	.001	140.59	.11
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	7 CES AND EXPENDITURES MO	326.24 562.36 NTH-OF-PAYMENT RE	80.34 PORT FOR JAN 2	.001 2002 THRU DE	140.59	.11 PAGE 14,843
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	7 CES AND EXPENDITURES MO C/DENTAL	326.24 562.36 NTH-OF-PAYMENT RE	80.34 PORT FOR JAN 2	.001 2002 THRU DE 5F	140.59 C 2002	.11 PAGE 14,843
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	7 CES AND EXPENDITURES MO C/DENTAL	326.24 562.36 NTH-OF-PAYMENT RE	80.34 PORT FOR JAN 2	.001 2002 THRU DE 5F MON	140.59 C 2002 THLY AVERA	.11 PAGE 14,843 01/17/03
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	7 CES AND EXPENDITURES MO C/DENTAL VICES FOR 63 MI/MN ALI	326.24 562.36 NTH-OF-PAYMENT RE	80.34 PORT FOR JAN 2 D CODE 55 58 5	.001 2002 THRU DE 5F MON UNITS/DAYS	140.59 C 2002 THLY AVERA	.11 PAGE 14,843 01/17/03 GE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY 5,119 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	7 CES AND EXPENDITURES MO C/DENTAL VICES FOR 63 MI/MN ALI UNITS OF SERVICE OR DAYS OF CARE	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES	80.34 PORT FOR JAN 2 D CODE 55 58 S AVERAGE COST PER UNIT/DAY	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG	140.59 C 2002 THLY AVERA COST PER USER	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,194	7 CES AND EXPENDITURES MO C/DENTAL VICES FOR 63 MI/MN ALI UNITS OF SERVICE OR DAYS OF CARE 6,248 \$	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05	80.34 PORT FOR JAN 2 D CODE 55 58 S  AVERAGE COST PER UNIT/DAY \$ 310.82	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$	140.59 C 2002 THLY AVERA COST PER USER 1626.49	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,194 241	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46	80.34 PORT FOR JAN 2 D CODE 55 58 S  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,194 241 10	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,194 241 10 230	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,194 241 10 230 230	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,194 241 10 230 230	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 9	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 2 0	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 9 0	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002 .000	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 2 0 229	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 9 0 1,092	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002 .000 .213	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 2 0 229 230	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 9 0 1,092 0	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002 .000 .213 .000	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 229 230 1	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 1,101 9 0 1,092 0 1	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82 792.00	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002 .000 .213 .000 .000	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 229 230 1 0	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 1,101 9 0 1,092 0 1	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82 792.00 .00	80.34 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002 .000 .213 .000 .000 .000	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 229 230 1 0 1,048	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 1,101 9 0 1,092 0 1 0 5,107	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82 792.00 .00 144,759.59	80.34 PORT FOR JAN 2 D CODE 55 58 5  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00 28.35	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .002 .000 .213 .000 .000 .000 .998	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00 .00 138.13	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00 28.28
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 229 230 1 0 1,048 112	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 9 0 1,092 0 1,092 0 5,107 149	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82 792.00 .00 144,759.59 7,057.52	80.34 PORT FOR JAN 2 D CODE 55 58 5  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00 28.35 47.37	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002 .000 .213 .000 .000 .000	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00 .00 138.13 63.01	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00 28.28 1.38
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 229 230 1 0 1,048 112 117	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 1,101 9 0 1,092 0 1 0 5,107	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 00 770,718.27 970,659.82 792.00 00 144,759.59 7,057.52 5,646.66	80.34 PORT FOR JAN 2 D CODE 55 58 5  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00 28.35 47.37 35.97	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .002 .000 .213 .000 .000 .000 .998 .029 .031	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00 .00 138.13 63.01 48.26	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00 28.28 1.38 1.10
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 229 230 1 0 1,048 112	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 9 0 1,092 0 1,092 0 5,107 149	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82 792.00 .00 144,759.59 7,057.52	80.34 PORT FOR JAN 2 D CODE 55 58 5  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00 28.35 47.37	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .002 .000 .213 .000 .000 .000 .998 .029	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00 .00 138.13 63.01	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00 28.28 1.38
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 229 230 1 0 1,048 112 117	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 1,101 9 0 1,092 0 1,092 0 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092 1,092	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 00 770,718.27 970,659.82 792.00 00 144,759.59 7,057.52 5,646.66	80.34 PORT FOR JAN 2 D CODE 55 58 5  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00 28.35 47.37 35.97	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .002 .000 .213 .000 .000 .000 .998 .029 .031	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00 .00 138.13 63.01 48.26	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00 28.28 1.38 1.10
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 230 229 230 1 0 1,048 112 117 527	TO THE TOTAL TO TH	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82 792.00 .00 144,759.59 7,057.52 5,646.66 24,882.19	80.34 PORT FOR JAN 2 D CODE 55 58 5  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00 28.35 47.37 35.97 13.15	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .002 .000 .213 .000 .000 .000 .998 .029 .031 .370	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00 .00 138.13 63.01 48.26 47.21	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00 28.28 1.38 1.10 4.86
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 20 0 229 230 1 0 1,048 112 117 527 387 534	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 1,101 9 0 1,092 0 1,092 0 1,092 1 0 5,107 149 157 1,892 468	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82 792.00 .00 144,759.59 7,057.52 5,646.66 24,882.19 30,326.40	80.34 PORT FOR JAN 2 D CODE 55 58 5  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00 28.35 47.37 35.97 13.15 64.80	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002 .000 .213 .000 .000 .000 .998 .029 .031 .370 .091	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00 .00 138.13 63.01 48.26 47.21 78.36	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00 28.28 1.38 1.10 4.86 5.92
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SONOMA COUNTY  5,119 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  1,194 241 10 230 230 20 0 229 230 1 0 1,048 112 117 527 387 534	7 CES AND EXPENDITURES MO E/DENTAL VICES FOR 63 MI/MN ALI  UNITS OF SERVICE OR DAYS OF CARE 6,248 \$ 1,141 39 1,101 1,101 1,101 9 0 1,092 0 1,092 0 5,107 149 157 1,892 468 856	326.24 562.36 NTH-OF-PAYMENT RE EN WITHOUT SIS AI EXPENDITURES 1,942,027.05 1,797,267.46 53,250.02 1,743,225.44 772,565.62 1,847.35 .00 770,718.27 970,659.82 792.00 .00 144,759.59 7,057.52 5,646.66 24,882.19 30,326.40 30,496.67	80.34 PORT FOR JAN 2 D CODE 55 58 5  AVERAGE COST PER UNIT/DAY \$ 310.82 1575.17 1365.39 1583.31 701.69 205.26 .00 705.79 .00 792.00 .00 28.35 47.37 35.97 13.15 64.80 35.63	.001 2002 THRU DE 5F MON UNITS/DAYS PER ELIG 1.221 \$ .223 .008 .215 .215 .002 .000 .213 .000 .000 .000 .998 .029 .031 .370 .091 .167	140.59 C 2002 THLY AVERA COST PER USER 1626.49 7457.54 5325.00 7579.24 3358.98 923.68 .00 3365.58 4220.26 792.00 .00 138.13 63.01 48.26 47.21 78.36 57.11 107.04	.11 PAGE 14,843 01/17/03  GE COST PER ELIGIBLE \$ 379.38 351.10 10.40 340.54 150.92 .36 .00 150.56 189.62 .15 .00 28.28 1.38 1.10 4.86 5.92 5.96 9.05

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	121	\$	13,940.41	\$	115.21	.024	\$	2788.08	\$	2.72
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	121		13,940.41		115.21	.024		2788.08		2.72
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	160	\$	6 <b>,</b> 797.65	\$	42.49	.031	\$	2265.88	\$	1.33
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	160		6 <b>,</b> 797.65		42.49	.031		2265.88		1.33
@REHABILITATION FACILITY	6	193	\$	2,557.42	\$	13.25	.038	\$	426.24	\$	.50
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	6	193		2,557.42		13.25	.038		426.24		.50
@LABORATORY FACILITY	502	1,408	\$	22,560.55	\$	16.02	.275	\$	44.94	\$	4.41
PATHOLOGY	502	1,408		22,560.55		16.02	.275		44.94		4.41
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	898	3,174	\$	187,854.63	\$	59.19	.620	\$		\$	36.70
CLINIC	190	1,452		29,223.37		20.13	.284		153.81		5.71
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	711	1,722		158,631.26		92.12	.336		223.11		30.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES M	IONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 14,844
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

5,119 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	250	1,282 \$	29,124.51	\$ 22.72	.250	\$ 116.50	\$ 5.69
DURABLE MED. EQUIP.	11	205	823.37	4.02	.040	74.85	.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	38	446	6,157.33	13.81	.087	162.04	1.20
AMBULANCES/AIR TRANS	38	446	6,157.33	13.81	.087	162.04	1.20
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	159	162	14,123.00	87.18	.032	88.82	2.76
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	18	29	1,959.13	67.56	.006	108.84	.38
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	29	37	2,830.97	76.51	.007	97.62	.55
PROSTHETICS	3	10	394.30	39.43	.002	131.43	.08
ORTHOTICS	26	27	2,436.67	90.25	.005	93.72	.48
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3	3,021.69	1007.23	.001	1007.23	.59

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	400	209.02	.52	.078	209.02	.04
@CALIF. CHILDREN SERVICES*	37	978	\$ 175,277.82	\$ 179.22	.191	\$ 4737.24	\$ 34.24
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 792.00	\$ .00	.000	\$ 792.00	\$ .15

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,845
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC										01/1//03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR	64 REF	UGEES	A.	ID COD	ES 01 02				
								M			
23 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY			COST PER
		OR DAYS						PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21		73	\$	1,969.35	\$	26.98	3.174		93.78	85.62
@PHYSICIANS SERVICES	4		4	\$	93.41	\$	23.35	.174	Ş	23.35	\$ 4.06
OUTPATIENT VISITS	2		2		48.76		24.38	.087		24.38	2.12
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	2		2		48.76		24.38	.087		24.38	2.12
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	2		2		44.65		22.33	.087		22.33	1.94
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@PHARMACY	8		19	\$	290.74	\$	15.30	.826	\$	36.34	\$ 12.64
PRESCRIPTION DRUGS	8		19		290.74		15.30	.826		36.34	12.64
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	8		19		290.74		15.30	.826		36.34	12.64
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	2		9	\$	439.00	\$	48.78	.391	\$	219.50	\$ 19.09
VISITS - DIAGNOSTIC	1		3		65.00		21.67	.130		65.00	2.83
ORAL SURGERY	0		0		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00

PERIODONTICS	1		1		200.00		200.00	.043	200.0	)		8.70
ENDODONTICS	0		0		.00		.00	.000	.00			.00
RESTORATIVE DENTISTRY	1		5		174.00		34.80	.217	174.0			7.57
PROSTHETICS	0		0		.00		.00	.000	.00			.00
DENTURES, STAYPLATES	0		0		.00		.00	.000	.00			.00
SPACE MAINTAINERS	0		0		.00		.00	.000	.00			.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	.00			.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	.00			.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.00			.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.00			.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITU	RES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU D	EC 2002		PAG	E 14,846
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR	64 REF	UGEES	A	AID CC	DES 01 02	08				
								MC	NTHLY AVE	RAG	E	
23 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PE	3	CO	ST PER
		OR DAYS	OF CAR	E		PER	R UNIT/DAY	PER ELIG	USER		EL	IGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$ .00	C	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00	)		.00
EYE APPLIANCES	0		0		.00		.00	.000	.00	)		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00	C		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000		C	\$	.00
VISITS	0		0		.00		.00	.000	.00			.00
OTHER SERVICES	0		0		.00		.00	.000	.00			.00
@PODIATRIST	0		0	\$	.00	\$	.00			C	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00			.00
SURGERY/ANES.	0		0		.00		.00	.000	.00			.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00			.00
OTHER	0		0		.00		.00	.000	.00			.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$ .00		\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$ .00		\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$ .00		\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$ .00	)	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.	00	¢	.00
@TOTAL HOSPITAL	5	17	\$	489.75	\$	28.81	.739				21.29
HOSP INPATIENT TOTAL	0	0	Ş	.00	Ą	.00	.000		00	۲	.00
HSC HOSPITALS	0	0		.00		.00	.000		00		.00
	0	0									
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		00		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00		.00
ANCILLARIES	0	0		.00		.00	.000		00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		00		.00
HOSP OUTPATIENT TOTAL	5	17		489.75		28.81	.739	97.	95		21.29
MEDICAL	0	0		.00		.00	.000		00		.00
SURGERY	0	0		.00		.00	.000		00		.00
PATHOLOGY	0	0		.00		.00	.000		00		.00
RADIOLOGY	1	1		75.11		75.11	.043	75.	11		3.27
ROOM USE	5	6		190.96		31.83	.261	38.	19		8.30
CROSSOVERS/ALL OTH OUTPINT	4	10		223.68		22.37	.435	55.	92		9.73
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.	00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		00		.00
HSC HOSPITALS	0	0		.00		.00	.000		00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00		.00
ANCILLARIES	0	0		.00		.00	.000		00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		00		.00
CO HOSP OUTPATIENT TOTAL	0	Ō		.00		.00	.000		00		.00
MEDICAL	0	0		.00		.00	.000		00		.00
SURGERY	0	0		.00		.00	.000		00		.00
PATHOLOGY	0	0		.00		.00	.000		00		.00
RADIOLOGY	0	0		.00		.00	.000		00		.00
ROOM USE	0	0		.00		.00	.000		00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	V DE NID T TIL	FC MONTULO		Z D O D T				00	D7	AGE 14,847
MOP024	FEE-FOR-SERVICES AND EZ	ZETMDTIOL	CES MONIH-O	EMINDNI KI	r CKI	FOR UAN 21	JUZ INKU I			r P	01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	64 REFU	ICEES	7. 7		DES 01 02 (	n Ω				01/11/03
DOMOTIA COOMIT	DOLINELL OF DEKATCED FOR	04 1/11/1	وتنتي	A	יי כנ		M(			CF -	
							1410	OMITHT HA	רוערויי	تان –	

23 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 5 17 \$ 489.75 28.81 .739 \$ 97.95 \$ 21.29 .00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 .00 .000 INPATIENT CROSSOVERS 0 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 17 COMM HOSP OUTPATIENT TOTAL 5 489.75 28.81 .739 97.95 21.29 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	75.11	75.11	.043	75.11	3.27
ROOM USE	5	6	190.96	31.83	.261	38.19	8.30
	1			22.37			9.73
CROSSOVERS/ALL OTH OUTPTNT	4	10	223.68		.435	55.92	
@STATE HOSPITAL	U	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	· ·	0	.00	.00	.000	.00	.00
	0	0					
LEV B-SUBACUTE HSPTL BASED	0	· ·	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0						
@REHABILITATION FACILITY	U	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	5 \$	90.70	\$ 18.14	.217 \$	45.35	\$ 3.94
PATHOLOGY	2	5	90.70	18.14	.217	45.35	3.94
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	14 \$	381.67	\$ 27.26	.609 \$	47.71	
CLINIC	6	12	232.15	19.35	.522	38.69	10.09
SURGICENTER	0	0	.00	.00	.000	.00	.00
	0	•					
HEROIN DETOX CLINIC	U	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	149.52	74.76	.087	74.76	6.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	ITH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 14,848
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 64 REFUGEES	A:	ID CODES 01 02	0.8		
					MONT	HLY AVERAC	GE
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
23 881018880	OBERS	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	5 \$	184.08	\$ 36.82	.217 \$	61.36	
	3	•		•			•
DURABLE MED. EQUIP.	Ţ	2	62.44	31.22	.087	62.44	2.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
	0	0					
ADULT DAY HEALTH CARE CTR	U	U	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	Ţ	Ţ	105.00	105.00	.043	105.00	4.57
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.087	16.64	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
1100111111101/0111110110110	0	V	.00	.00	• 0 0 0	• 0 0	• 0 0

PROSTHETICS	0	0	.00	.00	.000	.00	)	.00
ORTHOTICS	0	0	.00	.00	.000	.00	)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,849
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL ALD CODES ON ON

SONOMA COUNTY	SUMMARY OF SER	VICES FOR 65 BCCTP-F	FEDERAL	AID CODES OM	ON		
					MON	ITHLY AVERA	GE
45 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	75	1,383 \$	108,826.75	\$ 78.69	30.733 \$	1451.02	\$ 2418.37
@PHYSICIANS SERVICES	44	739 \$	31,238.13	\$ 42.27	16.422 \$	709.96	\$ 694.18
OUTPATIENT VISITS	26	42	1,621.15	38.60	.933	62.35	36.03
OFFICE VISITS	25	40	1,522.80	38.07	.889	60.91	33.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.022	68.35	1.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	30.00	30.00	.022	30.00	.67
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.022	46.44	1.03
EXAMINATIONS	1	1	46.44	46.44	.022	46.44	1.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	17	364.83	21.46	.378	182.42	8.11
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	17	364.83	21.46	.378	182.42	8.11
OUTPATIENT SURGERY	11	40	2,942.59	73.56	.889	267.51	65.39
PRINCIPAL SURGEON	6	6	1,991.16	331.86	.133	331.86	44.25
ASSISTANT SURGEON	1	1	134.77	134.77	.022	134.77	2.99
ANESTHESIOLOGIST	6	33	816.66	24.75	.733	136.11	18.15
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	15	51	1,617.94	31.72	1.133	107.86	35.95
RADIOLOGY	14	110	11,072.34	100.66	2.444	790.88	246.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	427	12,071.16	28.27	9.489	862.23	268.25
OTHER SERVICES/ALL X-OVERS	15	51	1,501.68	29.44	1.133	100.11	33.37
@PHARMACY	47	269 \$	- ,	\$ 87.03	5.978 \$	498.11	•
PRESCRIPTION DRUGS	46	162	23,066.18	142.38	3.600	501.44	512.58
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	46	162	23,066.18	142.38	3.600	501.44	512.58

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	5	107	34	5.12		3.23	2.378		69.02		7.67
@DENTIST	3	6		0.00	\$	38.33	.133	\$	76.67	\$	5.11
VISITS - DIAGNOSTIC	3	5	17	5.00		35.00	.111		58.33		3.89
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1	5	5.00		55.00	.022		55.00		1.22
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURE	S MONTH-OF-PAYM	ENT RE	PORT	FOR JAN 2	2002 THRU I	DEC 2	002	PI	AGE 14,850
MOP024	FEE-FOR-SERVICE/I	ENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVIC	CES FOR 65 BCCTE	P-FEDERAL		AID	CODES 0M	ON				
							MC	IHTNC	Y AVERA	GE -	
45 ELIGIBLES	USERS U	UNITS OF SERVICE	EXPENDIT	URES			UNITS/DAYS	S CC	ST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4		0.56	\$	25.14	.089	\$	100.56	\$	2.23
DIAGNOSTIC AND ANC. PROCED	1	1		7.45		47.45	.022		47.45		1.05
EYE APPLIANCES	1	3	5	3.11		17.70	.067		53.11		1.18
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00

@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.089	\$ 100.56	\$ 2.23
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.022	47.45	1.05
EYE APPLIANCES	1	3	53.11	17.70	.067	53.11	1.18
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.044	\$ 104.99	\$ 2.33
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	27	155	\$ 33,950.12	\$ 219.03	3.444	\$ 1257.41	\$ 754.45
HOSP INPATIENT TOTAL	3	5	28,876.23	5775.25	.111	9625.41	641.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	5	28 <b>,</b> 876.23	5775.25	.111	9625.41	641.69
ACCOMMODATIONS	3	5	3 <b>,</b> 771.38	754.28	.111	1257.13	83.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	5	3,771.38	754.28	.111	1257.13	83.81
ANCILLARIES	3	0	25,104.85	.00	.000	8368.28	557.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	150	5 <b>,</b> 073.89	33.83	3.333	211.41	112.75
MEDICAL	9	17	779.43	45.85	.378	86.60	17.32
SURGERY	10	14	449.78	32.13	.311	44.98	10.00
PATHOLOGY	16	70	1,137.14	16.24	1.556	71.07	25.27
RADIOLOGY	4	6	1,122.81	187.14	.133	280.70	24.95
ROOM USE	9	30	1,415.13	47.17	.667	157.24	31.45

CROSSOVERS/ALL OTH OUTPTNT	5	13	169.60	13.05	.289	33.92	3.77
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DEC	2002	PAGE 14,851
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FO	R 65 BCCTP-FE	DERAL	AID CODES OM	ON		
					MONT	HLY AVERAC	GE
45 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	155 \$	33,950.12	\$ 219.03	3.444 \$	1257.41	\$ 754.45
COMM HOSP INPATIENT TOTAL	3	5	28,876.23	5775.25	.111	9625.41	641.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	5	28,876.23		.111	9625.41	641.69
ACCOMMODATIONS	3	5	3,771.38	754.28	.111	1257.13	83.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	3	5		3,771.38		754.28	.111		1257.13		83.81
ANCILLARIES	3	0		25,104.85		.00	.000		8368.28		557.89
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	24	150		5,073.89		33.83	3.333		211.41		112.75
MEDICAL	9	17		779.43		45.85	.378		86.60		17.32
SURGERY	10	14		449.78		32.13	.311		44.98		10.00
PATHOLOGY	16	70		1,137.14		16.24	1.556		71.07		25.27
RADIOLOGY	4	6		1,122.81		187.14	.133		280.70		24.95
ROOM USE	9	30		1,415.13		47.17	.667		157.24		31.45
CROSSOVERS/ALL OTH OUTPTNT	5	13		169.60		13.05	.289		33.92		3.77
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	80	\$	1,109.75	\$	13.87	1.778	\$	73.98	\$	24.66
PATHOLOGY	15	80		1,109.75		13.87	1.778		73.98		24.66
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	1,132.24	\$	75.48	.333	\$	113.22	\$	25.16
CLINIC	1	2		27.55		13.78	.044		27.55		.61
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13		1,104.69		84.98	.289		122.74		24.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 14,852
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR 65 BCC	TP-FE	DERAL	AID	CODES 0M	ON				
							N	TNO	HLY AVERA	GE	
45 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	ZS.	COST PER	(	COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	4	113	\$	17,549.66	\$	155.31	2.511	\$	4387.42	\$	389.99
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
CENERIC DICEACE RECRINC	0	^		0.0		0.0	000		0.0		0.0

GENETIC DISEASE TESTING

.00

.00

.000

.00

.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.044	26.08	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	111	17,523.58	157.87	2.467	5841.19	389.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,853
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					MON	ITHLY AVERA	GE
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19	171 \$	19,817.96	\$ 115.89	6.577 \$	1043.05	\$ 762.23
@PHYSICIANS SERVICES	12	130 \$	3 <b>,</b> 587.19	\$ 27.59	5.000 \$	298.93	\$ 137.97
OUTPATIENT VISITS	2	5	118.41	23.68	.192	59.21	4.55
OFFICE VISITS	2	5	118.41	23.68	.192	59.21	4.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	13	595.75		.500	198.58	22.91
HOSPITAL VISITS	3	12	555.75	46.31	.462	185.25	21.38
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	40.00	40.00	.038	40.00	1.54
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	75.95	75.95	.038	75.95	2.92
PRINCIPAL SURGEON	1	1	75.95	75.95	.038	75.95	2.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	3	80.00	26.67	.115	80.00	3.08
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	80.00	26.67	.115	80.00	3.08
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	214.71	53.68	.154	107.36	8.26
RADIOLOGY	2	7	457.04	65.29	.269	228.52	17.58
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	4	80	1	,665.91		20.82	3.077		416.48		64.07
OTHER SERVICES/ALL X-OVERS	3	17		379.42		22.32	.654		126.47		14.59
@PHARMACY	6	11	\$	985.06	\$	89.55	.423	\$	164.18	\$	37.89
PRESCRIPTION DRUGS	6	11		985.06		89.55	.423		164.18		37.89
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	6	11		985.06		89.55	.423		164.18		37.89
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF-P	PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 14,854
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	66 BCCTP	-STATE-ONLY		AID	CODES OR	OT				

----- MONTHLY AVERAGE -----EXPENDITURES 26 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @OPTOMETRIST 0 .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ .000 \$ @CHIROPRACTOR .00 .00 \$ .00 .00 .00 .00 VISITS .00 .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$ .00 .000 \$ .00 \$ .00 NURSE ANESTHESIST .00 .00 .000 \$ .00 \$ .00 .000 \$ NURSE MIDWIFE .00 .00 .00 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 .00 0 .00 .00 .000 \$ .00 \$ FAMILY NURSE PRACTITIONER 21 14,783.22 703.96 .808 \$ 2956.64 \$ @TOTAL HOSPITAL 568.59 5 14,298.60 2859.72 .192 7149.30 HOSP INPATIENT TOTAL 549.95 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL 14,298.60 2859.72 .192 7149.30 549.95 .192 3,066.80 613.36 1533.40 117.95 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 613.36 .192 3,066.80 1533.40 117.95 ALL OTHER ACCOM ANCILLARIES 11,231.80 .00 .000 5615.90 431.99 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	3	16	484.62	30.29	.615	161.54	18.64
MEDICAL	1	1	9.41	9.41	.038	9.41	.36
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	156.06	22.29	.269	52.02	6.00
RADIOLOGY	2	2	192.90	96.45	.077	96.45	7.42
ROOM USE	2	2	62.45	31.23	.077	31.23	2.40
CROSSOVERS/ALL OTH OUTPTNT	2	4	63.80	15.95	.154	31.90	2.45
	2	0 \$					
@COUNTY HOSPITAL TOTAL	0	- 1	.00		.000	•	•
CO HOSPITAL INPATIENT TOTAL	•	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ô	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL MEDICAL	0	0		.00			
	0	0	.00		.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	Ü	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU D	EC 2002	PAGE 14,855
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 66 BCCTP-STAT	TE-ONLY	AID CODES OR	OT		
					MO	NTHLY AVERA	GE
26 ELIGIBLES				AVERAGE COST			GE COST PER
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	USERS 5	UNITS OF SERVICE OR DAYS OF CARE 21 \$	EXPENDITURES 14,783.22	PER UNIT/DAY \$ 703.96	UNITS/DAYS PER ELIG .808	COST PER USER \$ 2956.64	COST PER ELIGIBLE \$ 568.59
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 5 2	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5	EXPENDITURES 14,783.22 14,298.60	PER UNIT/DAY \$ 703.96 2859.72	UNITS/DAYS PER ELIG .808 .192	COST PER USER \$ 2956.64 7149.30	COST PER ELIGIBLE \$ 568.59 549.95
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 5	UNITS OF SERVICE OR DAYS OF CARE 21 \$	EXPENDITURES 14,783.22 14,298.60 .00	PER UNIT/DAY \$ 703.96 2859.72 .00	UNITS/DAYS PER ELIG .808 .192 .000	COST PER USER \$ 2956.64 7149.30 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 5 2 0 2	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5	EXPENDITURES 14,783.22 14,298.60 .00 14,298.60	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72	UNITS/DAYS PER ELIG .808 .192 .000 .192	COST PER USER \$ 2956.64 7149.30 .00 7149.30	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 5 2 0 2 2 2	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 5 2 0 2 2 2 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 5 2 0 2 2 2 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 0 5	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 5 2 0 2 2 2 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 5 2 0 2 2 2 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 5 5 0 0 0 5	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 5 2 0 2 2 2 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 5 5 0 0 0 0	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000 .192	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 5 2 0 2 2 2 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 5 5 0 0 0 0 0	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 .5615.90 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .00 117.95 431.99
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 5 2 0 2 2 0 0 2 2 2 0 0 0 2	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 5 5 0 0 0 0 0 0 0	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80 .00 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 .5615.90 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .00 117.95 431.99 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 5 2 0 2 2 0 0 2 2 2 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 5 5 0 0 0 0 16	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80 .00 .00 484.62	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 .00 1533.40 5615.90 .00 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .00 117.95 431.99 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS  5 2 0 2 2 0 0 2 2 0 0 3 1	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 0 16 1	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 3,066.80 11,231.80 .00 .00 484.62 9.41	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000 .000 .000 .000 .000 .000	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 .00 1533.40 .00 .00 1535.40 .00 .00 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .00 117.95 431.99 .00 .00 18.64 .36
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS  5 2 0 2 2 0 0 2 2 0 0 3 1	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 5 5 0 0 0 0 16	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 3,066.80 11,231.80 .00 .00 484.62 9.41 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 161.54 9.41 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .117.95 431.99 .00 .00 18.64 .36 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS  5 2 0 2 2 0 0 2 2 0 0 3 1 0 3	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 16 1 0 7	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 3,066.80 11,231.80 .00 484.62 9.41 .00 156.06	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 30.29 9.41 .00 22.29	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 161.54 9.41 .00 52.02	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .117.95 431.99 .00 .00 18.64 .36 .00 6.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS  5 2 0 2 2 0 0 2 2 0 0 3 1 0 3 2	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 0 16 1 0 7 2	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 3,066.80 11,231.80 .00 484.62 9.41 .00 156.06 192.90	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 161.54 9.41 .00 52.02 96.45	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .117.95 431.99 .00 .00 18.64 .36 .00 6.00 7.42
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS  5 2 0 2 2 0 0 2 2 0 0 3 1 0 3 2 2 2	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 16 1 0 7 2 2	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80 .00 .00 484.62 9.41 .00 156.06 192.90 62.45	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 161.54 9.41 .00 52.02 96.45 31.23	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .117.95 431.99 .00 .00 18.64 .36 .00 6.00 7.42 2.40
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	USERS  5 2 0 2 2 0 0 2 2 2 0 0 3 1 0 3 2 2 2 2 2	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 0 16 1 0 7 2 2 2 4	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80 .00 484.62 9.41 .00 156.06 192.90 62.45 63.80	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 30.29 9.41 .00 22.29 96.45 31.23 15.95	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 161.54 9.41 .00 52.02 96.45 31.23 31.90	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .117.95 431.99 .00 .00 18.64 .36 .00 6.00 7.42 2.40 2.45
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS  5 2 0 2 2 0 0 2 2 0 0 3 1 0 3 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 0 16 1 0 7 2 2 2 4 0 \$	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80 .00 484.62 9.41 .00 156.06 192.90 62.45 63.80 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 .00 30.29 9.41 .00 22.29 96.45 31.23 15.95 \$ .00	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 161.54 9.41 .00 52.02 96.45 31.23 31.90 \$ .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .117.95 431.99 .00 .00 18.64 .36 .00 6.00 7.42 2.40 2.45 \$ .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS  5 2 0 2 2 0 0 2 2 2 0 0 3 1 0 3 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 0 16 1 0 7 2 2 2 4 0 \$ 0	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 3,066.80 11,231.80 .00 484.62 9.41 .00 156.06 192.90 62.45 63.80 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 30.29 9.41 .00 22.29 96.45 31.23 15.95 \$ .00 .00	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000 .192 .000 .000 .000 .000 .615 .038 .000 .269 .077 .077 .154 .000 .000	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 161.54 9.41 .00 52.02 96.45 31.23 31.90 \$ .00	COST PER ELIGIBLE \$ 568.59
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS  5 2 0 2 2 0 0 2 2 0 0 3 1 0 3 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 5 5 0 0 0 16 1 0 7 2 2 2 4 0 \$ 0 0	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80 .00 .484.62 9.41 .00 156.06 192.90 62.45 63.80 .00 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 30.29 9.41 .00 22.29 96.45 31.23 15.95 \$ .00 .00 .00	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 .00 161.54 9.41 .00 52.02 96.45 31.23 31.90 \$ .00 .00	COST PER ELIGIBLE \$ 568.59 549.95 .00 549.95 117.95 .00 .117.95 431.99 .00 .00 18.64 .36 .00 6.00 7.42 2.40 2.45 \$ .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS  5 2 0 2 2 0 0 2 2 2 0 0 3 1 0 3 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 0 16 1 0 7 2 2 2 4 0 \$ 0	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 3,066.80 11,231.80 .00 484.62 9.41 .00 156.06 192.90 62.45 63.80 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 30.29 9.41 .00 22.29 96.45 31.23 15.95 \$ .00 .00	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 161.54 9.41 .00 52.02 96.45 31.23 31.90 \$ .00 .00 .00	COST PER ELIGIBLE \$ 568.59
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS  5 2 0 2 2 0 0 2 2 2 0 0 3 1 0 3 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 21 \$ 5 0 5 0 5 5 0 0 0 16 1 0 7 2 2 2 4 0 \$ 0 0	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80 .00 .484.62 9.41 .00 156.06 192.90 62.45 63.80 .00 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 30.29 9.41 .00 22.29 96.45 31.23 15.95 \$ .00 .00 .00	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000 .192 .000 .000 .000 .000 .615 .038 .000 .269 .077 .077 .154 .000 .000 .000 .000	COST PER USER \$ 2956.64 7149.30 .00 7149.30 1533.40 .00 1533.40 5615.90 .00 .00 161.54 9.41 .00 52.02 96.45 31.23 31.90 \$ .00 .00	COST PER ELIGIBLE \$ 568.59
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS  5 2 0 2 2 0 0 2 2 2 0 0 3 1 0 3 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 5 0 5 5 0 0 0 16 1 0 7 2 2 2 4 0 \$ 0 0 0 0 \$	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 .00 3,066.80 11,231.80 .00 484.62 9.41 .00 156.06 192.90 62.45 63.80 .00 .00 .00 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 30.29 9.41 .00 22.29 96.45 31.23 15.95 \$ .00 .00 \$ .00 \$ .00 \$ .00	UNITS/DAYS PER ELIG .808 .192 .000 .192 .192 .000 .000 .000 .000 .000 .000 .015 .000 .000	COST PER USER \$ 2956.64 7149.30 .00 7149.30 .1533.40 .00 .1533.40 5615.90 .00 .00 161.54 9.41 .00 52.02 96.45 31.23 31.90 \$ .00 .00 .00 \$ .00	COST PER ELIGIBLE \$ 568.59
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	USERS  5 2 0 2 2 0 0 2 2 2 0 0 3 1 0 3 2 2 2 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  21 \$ 5 0 0 5 5 0 0 0 5 0 0 0 16 1 0 7 2 2 2 4 0 \$ 0 \$ 0 0 0 \$ 0 0 0 \$ 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	EXPENDITURES  14,783.22 14,298.60 .00 14,298.60 3,066.80 .00 3,066.80 11,231.80 .00 .00 484.62 9.41 .00 156.06 192.90 62.45 63.80 .00 .00 .00 .00 .00	PER UNIT/DAY \$ 703.96 2859.72 .00 2859.72 613.36 .00 .00 613.36 .00 .00 .00 30.29 9.41 .00 22.29 96.45 31.23 15.95 \$ .00 .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 .00	UNITS/DAYS PER ELIG	COST PER USER \$ 2956.64 7149.30 .00 7149.30 .1533.40 .00 .1533.40 5615.90 .00 .161.54 9.41 .00 52.02 96.45 31.23 31.90 \$ .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	COST PER ELIGIBLE \$ 568.59

LEV B-SUBACUTE HSPTL BASED	0	Λ		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	Ś		Ś	.00
ICF DDH	0	0	Ş	.00	۲	.00	.000	۲	.00	۲	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	Ċ	.00	.000	Ś	.00	ċ	.00
•	0	0	Ş		Ş			Þ		Ş	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0		.00	_	.00	.000		.00		.00
@REHABILITATION FACILITY	U	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	204.81	\$	102.41	.077	Ş	204.81	Ş	7.88
PATHOLOGY	1	2		204.81		102.41	.077		204.81		7.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	7	\$	257.68	\$	36.81	.269	\$	257.68	\$	9.91
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	7		257.68		36.81	.269		257.68		9.91
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MONTH	-OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 14,856
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 66 BCCT	P-STATE-	ONLY	AID	CODES OR	OT				
							M	ONT	HLY AVERA	GE -	
26 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (	COST PER	С	OST PER
	OR	DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	Ε	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	Ō		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
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AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,857 MOP024 FEE-FOR-SERVICE/DENTAL SONOMA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

				MON	JTHLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
				PER ELIG	USER	ELIGIBLE
94	1,554 \$	128,644.71		21.887	1368.56	\$ 1811.90
56	869 \$	34,825.32	\$ 40.08	12.239	621.88	\$ 490.50
28	47	1,739.56	37.01	.662	62.13	24.50
27	45	1,641.21	36.47	.634	60.79	23.12
0	0	.00	.00	.000	.00	.00
1	1	68.35	68.35	.014	68.35	.96
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1					.42
3						8.39
3	12					7.83
0	0					.00
1	1					.56
1	1					.65
1	1					.65
0	0					.00
3	18					6.21
1	1					1.07
0	0					.00
2						5.14
12		•				42.57
6	6	1,991.16	331.86	.085	331.86	28.04
	56 28	OR DAYS OF CARE 94 1,554 \$ 56 869 \$ 28 47	OR DAYS OF CARE  94	OR DAYS OF CARE  94  1,554  869  34,825.32  40.08  28  47  1,739.56  37.01  27  45  1,641.21  36.47  0  0  0  0  0  0  0  0  0  0  0  0  0	USERS UNITS OF SERVICE OR DAYS OF CARE  94	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           94         1,554         \$ 128,644.71         \$ 82.78         21.887         \$ 1368.56           56         869         \$ 34,825.32         \$ 40.08         12.239         \$ 621.88           28         47         1,739.56         37.01         .662         62.13           27         45         1,641.21         36.47         .634         60.79           0         0         .00         .00         .00         .00         .00           1         1         68.35         68.35         .014         68.35           0         0         .00         .00         .00         .00         .00           1         1         30.00         30.00         .00         .00         .00           1         1         30.00         30.00         .014         30.00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 </td

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1	134.77	134.	.014	134.77	1.90
ANESTHESIOLOGIST	7	36	896.66	24.	.507	128.09	12.63
DIALYSIS	0	0	.00		.000	.00	.00
PATHOLOGY	17	55	1,832.65	33.	.775	107.80	25.81
RADIOLOGY	16	117	11,529.38	98.	54 1.648	720.59	162.39
PSYCHIATRY	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	18	507	13,737.07	27.	7.141	763.17	193.48
OTHER SERVICES/ALL X-OVERS	18	68	1,881.10	27.	.958	104.51	26.49
@PHARMACY	53	280 \$	24,396.36	\$ 87.	13 3.944	\$ 460.31	\$ 343.61
PRESCRIPTION DRUGS	52	173	24,051.24	139.	2.437	462.52	338.75
SNF/ICF	0	0	.00		.000	.00	.00
OUTPATIENTS	52	173	24,051.24	139.	2.437	462.52	338.75
MEDICAL SUPPLIES	5	107	345.12	3.	23 1.507	69.02	4.86
@DENTIST	3	6 \$	230.00	\$ 38.	.085	\$ 76.67	\$ 3.24
VISITS - DIAGNOSTIC	3	5	175.00	35.	.070	58.33	2.46
ORAL SURGERY	0	0	.00		.000	.00	.00
DRUGS	0	0	.00		.000	.00	.00
ANESTHESIA	0	0	.00		.000	.00	.00
PERIODONTICS	0	0	.00		.000	.00	.00
ENDODONTICS	0	0	.00		.000	.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.	.014	55.00	.77
PROSTHETICS	0	0	.00		.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.000	.00	.00
SPACE MAINTAINERS	0	0	.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	JAN 2002 THRU	DEC 2002	PAGE 14,858

MOP024 FEE-FOR-SERVICE/DENTAL

SONOMA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

DONOMA COUNTI	DOMMANT OF BEN	VICED FOR 07 DCC.	101	IAL							
							M	ГИО	THLY AVERA	GΕ	
71 ELIGIBLES	USERS	UNITS OF SERVICE	C .	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	C		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	100.56	\$	25.14	.056	\$	100.56	\$	1.42
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.014		47.45		.67
EYE APPLIANCES	1	3		53.11		17.70	.042		53.11		.75
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.028	\$	104.99	\$	1.48
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	32	176	\$	48,733.34	\$	276.89	2.479	\$	1522.92	\$	686.39
HOSP INPATIENT TOTAL	5	10		43,174.83		4317.48	.141		8634.97		608.10
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	5	10		43,174.83		4317.48	.141		8634.97		608.10
ACCOMMODATIONS	5	10		6,838.18		683.82	.141		1367.64		96.31

01/17/03

A DMINIT CHD A HILLE DAVIC	0	^		0.0	0.0	.000	.00	0.0
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
	U	-						
ALL OTHER ACCOM	5	10		6,838.18	683.82	.141	1367.64	96.31
ANCILLARIES	5	0		36,336.65	.00	.000	7267.33	511.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27	166		5 <b>,</b> 558.51	33.49	2.338	205.87	78.29
MEDICAL	10	18		788.84	43.82	.254	78.88	11.11
SURGERY	10	14		449.78	32.13	.197	44.98	6.33
PATHOLOGY	19	77		1,293.20	16.79	1.085	68.06	18.21
RADIOLOGY	6	8		1,315.71	164.46	.113	219.29	18.53
ROOM USE	11	32		1,477.58	46.17	.451	134.33	20.81
CROSSOVERS/ALL OTH OUTPINT	7	17		233.40	13.73	.239	33.34	3.29
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTE	H-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 14,859
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FO		P-TOTAL					. , , ,

----- MONTHLY AVERAGE -----USERS 71 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 32 48,733.34 \$ 276.89 2.479 \$ 1522.92 \$ 686.39 @COMMUNITY HOSPITAL TOTAL 176 \$ 10 4317.48 .141 COMM HOSP INPATIENT TOTAL 5 43,174.83 8634.97 608.10 

 43,174.83
 4317.48
 .141

 .00
 .00
 .000

 43,174.83
 4317.48
 .141

 6,838.18
 683.82
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 6,838.18
 683.82
 .141

 36,336.65
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 .000
 .000

 HSC HOSPITALS 0 .00 .00 10 8634.97 NON-HSC HOSPITALS TOTAL 608.10 ACCOMMODATIONS 10 1367.64 96.31 .00 ADMINISTRATIVE DAYS 0 .00 0 TRANSITIONAL IP CARE .00 .00 10 1367.64 ALL OTHER ACCOM 0 36,336.65 7267.33 511.78 ANCILLARIES 0 .00 INPATIENT CROSSOVERS .00 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 5,558.51 33.49 2.338 COMM HOSP OUTPATIENT TOTAL 27 166 205.87 78.29 18 10 43.82 .254 78.88 11.11 MEDICAL 788.84 SURGERY 10 14 449.78 32.13 .197 44.98 77 1,293.20 1,315.71 19 16.79 1.085 PATHOLOGY 68.06 18.21 18.53 164.46 .113 219.29 RADIOLOGY 6 ROOM USE 11 32 1,477.58 46.17 .451 134.33 20.81 233.40 17 .239 33.34 7 CROSSOVERS/ALL OTH OUTPINT 13.73 3.29 @STATE HOSPITAL .00 \$ .00 .000 \$ .00 \$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	82	\$	1,314.56	\$	16.03	1.155	\$	82.16	\$	18.51
PATHOLOGY	16	82		1,314.56		16.03	1.155		82.16		18.51
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	22	\$	1,389.92	\$	63.18	.310	\$	126.36	\$	19.58
CLINIC	1	2		27.55		13.78	.028		27.55		.39
SURGICENTER	1	7		257.68		36.81	.099		257.68		3.63
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13		1,104.69		84.98	.183		122.74		15.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MON	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 14,860
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----71 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER **USERS** UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.592 \$ 4387.42 \$ 247.18 @ALL OTHER PROVIDERS 113 17,549.66 \$ 155.31 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 26.08 13.04 .028 26.08 OPTICIAN .37 .00 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 HOSPICE SERVICES 111 17,523.58 157.87 1.563 5841.19 246.81 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,861
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY	SUMMARY OF SERV	VICES FOR (	68 QMB	- ONLY			AID CO	DDE			
								MC	ONTHLY AVER	AGE	
75 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER#	AGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS (	OF CARE			PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	29	2,	<b>,</b> 332	\$	2,590.23	\$	1.11	31.093	\$ 89.32	\$	34.54
@PHYSICIANS SERVICES	9		17	\$	535.78	\$	31.52	.227	\$ 59.53	\$	7.14
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	17	535.78	31.52	.227	59.53	7.14
@PHARMACY	9	0 \$	.00	\$ .00	.000 \$		\$ .00
PRESCRIPTION DRUGS	0	0 9	.00	.00	.000 \$	.00	.00
	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00			.00	.00
OUTPATIENTS	0	0		.00	.000	.00	.00
MEDICAL SUPPLIES	0	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000		
@DENTIST	2		.00	\$ .00	.120 \$		\$ .00
VISITS - DIAGNOSTIC	2	9	.00	.00	.120	.00	.00
ORAL SURGERY	U	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 14,862
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB - (	ONLY	AID (	CODE		
					MON	THLY AVERA	GE
75 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	5.80	\$ 5.80	.013 \$	5.80	\$ .08
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.80	5.80	.013	5.80	.08
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	· ·	0 \$	.00	\$ .00	.000 \$		
IDDITITION INOTOR INDUITIONED		0 9	.00	• • • • • • • • • • • • • • • • • • • •	.000 7	• 0 0	00

## HOSP TRATEINT TOTAL	FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HSC HOSPITALIS	@TOTAL HOSPITAL	8	15		820.12		54.67	.200	\$	102.52	\$	10.93
NON-HSC HOSPITAL TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS 0 0 0 0.00 .000 .000 .000 .000 .000 .		0	0				.00					
ADMINISTRATIVE DAYS O TRANSITIONAL 1F CARE O O O O O O O O O O O O O O O O O O O		0	0									
TRANSITIONAL IP CARE  O O O O O O O O O O O O O O O O O O		0	0									
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
IMPATIENT CROSSOVERS		0	0									
ALL OTHER INPATIENT 00 0 .00 .00 .00 .00 .00 .00 .00 .00 .		0	0									
MOSP OUTPATIENT TOTAL		0	0									
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		8	1.5									
SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
RADIOLOGY ROM USE 0 0 0 0 121.78 0 0 0 0 21.78 0 0 0 0 21.78 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PATHOLOGY	0	0		.00							
ROOM USE		0	0									
CROSSOVERS/ALL OTH OUTPTNT		0	Ō									
COUNTY HOSPITAL TOTAL	CROSSOVERS/ALL OTH OUTPINT	8	15		798.34							
HSC HOSPITALS	@COUNTY HOSPITAL TOTAL	0		\$		\$			\$		\$	
NON-HSC HOSPITALS TOTAL   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	•	.00	.000		.00		.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS   0   0   0   0   0   0   0   0   0	ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ANCILLARIES	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
MEDICAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
SURGERY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td>CO HOSP OUTPATIENT TOTAL</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
PATHOLOGY 0 0 0 0 00 00 00 00 00 00 00 00 00 00	MEDICAL	0	0		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SURGERY	0	0		.00		.00	.000		.00		.00
ROOM USE       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00	PATHOLOGY	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,863 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03	ROOM USE	0	0		.00		.00	.000		.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03	CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU	DEC	2002	PA	GE 14,863
SONOMA COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE	MOP024	FEE-FOR-SERVICE/DENTAL										
	SONOMA COUNTY	SUMMARY OF SERVICES FOR	68 QMB	- ONLY			AID COI	ÞΕ				

----- MONTHLY AVERAGE -----75 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 8 15 \$ 820.12 54.67 .200 \$ 102.52 \$ 10.93 COMM HOSP INPATIENT TOTAL .00 .00 .000 .00 0 .00 .00 .00 .00 HSC HOSPITALS .000 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 0 .00 .000 ACCOMMODATIONS .00 .00 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 15 820.12 54.67 .200 102.52 10.93 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0	.00		.00	.00	0	.00		.00
PATHOLOGY	0	0	.00		.00	.00	0	.00		.00
RADIOLOGY	0	0	.00		.00	.00	0	.00		.00
ROOM USE	0	0	21.78		.00	.00	0	.00		.29
CROSSOVERS/ALL OTH OUTPTNT	8	15	798.34		53.22	.20	0	99.79		10.64
@STATE HOSPITAL	0	0 \$	.00	\$	.00	.00	0 \$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.00	0	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.00	0	.00		.00
@NURSING FACILITY	0	0 \$	.00	\$	.00	.00	0 \$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	•	.00	.00	0	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.00	0	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.00	0	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.00	0	.00		.00
LEV B-REGULAR	0	0	.00		.00	.00	0	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.00			\$	.00
ICF DDH	0	0	.00	•	.00	.00		.00		.00
ICF DD	0	0	.00		.00	.00	0	.00		.00
ICF DDN/DDCN	0	0	.00		.00	.00	0	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.00	0 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	•	.00	.00	0	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.00	0	.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.00	0 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	•	.00	.00	0	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.00	0	.00		.00
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.00	0 \$	.00	\$	.00
PATHOLOGY	0	0	.00		.00	.00	0	.00		.00
XO AND OTHERS	0	0	.00		.00	.00	0	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2 \$	415.13	\$ 2	07.57	.02	7 \$	207.57	\$	5.54
CLINIC	0	0	.00		.00	.00	0	.00		.00
SURGICENTER	2	2	413.00	2	06.50	.02	7	206.50		5.51
HEROIN DETOX CLINIC	0	0	.00		.00	.00	0	.00		.00
RURAL HEALTH CLINIC	0	0	2.13		.00	.00	0	.00		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	REPORT F	OR JAN	2002 THE	U DE	C 2002	P.	AGE 14,864
MOP024	FEE-FOR-SERVICE,	/DENTAL								01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB - ON	LY		AID C	ODE				
		_					MON	THLY AVERA	GE.	
75 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/I	AYS	COST PER		COST PER
		OR DAYS OF CARE		PER U	NIT/DAY	PER EI	IG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	13	2,288 \$	813.40	\$	.36	30.50	7 \$	62.57	\$	10.85
DURABLE MED. EQUIP.	0	0	.00		.00	.00	0	.00		.00

				===== MON	THLY AVERA	JE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
13	2 <b>,</b> 288 \$	813.40	\$ .36	30.507 \$	62.57	\$ 10.85
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
2	12	136.26	11.36	.160	68.13	1.82
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
2	12	136.26	11.36	.160	68.13	1.82
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS  13 0 0 0 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  13	OR DAYS OF CARE  13	OR DAYS OF CARE         PER UNIT/DAY           13         2,288         \$         813.40         \$         .36           0         0         .00         .00         .00           0         0         .00         .00         .00           2         12         136.26         11.36         .00         .00           0         0         .00         .00         .00         .00           2         12         136.26         11.36         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER UNIT/DAY         PER ELIG           13         2,288         \$ 813.40         \$ .36         30.507         \$           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           2         12         136.26         11.36         .160           0         0         .00         .00         .00         .00           2         12         136.26         11.36         .160         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           13         2,288         \$         813.40         \$         36         30.507         \$         62.57           0         0         .00         .00         .00         .000         .000         .00           0         0         .00         .00         .00         .000         .00         .00           2         12         136.26         11.36         .160         68.13         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00</td>	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           13         2,288         \$         813.40         \$         36         30.507         \$         62.57           0         0         .00         .00         .00         .000         .000         .00           0         0         .00         .00         .00         .000         .00         .00           2         12         136.26         11.36         .160         68.13         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	3.35	3.35	.013	3.35	.04
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	2,275	673.79	.30	30.333	67.38	8.98
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	27	2,323	\$ 2,566.32	\$ 1.10	30.973	\$ 95.05	\$ 34.22

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,865
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SONOMA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM ALD CODES 72 74 8N

SONOMA COUNTY	SUMMARY OF SER	VICES FOR 69 133% PROG	GRAM A:	ID CODES 72 74			
					MON	THLY AVERAG	SE
13,132 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,178	11 <b>,</b> 688 \$	504,837.06	\$ 43.19	.890 \$	120.83	\$ 38.44
@PHYSICIANS SERVICES	1,098	1 <b>,</b> 999 \$	62,639.01	\$ 31.34	.152 \$	57.05	\$ 4.77
OUTPATIENT VISITS	887	1,103	34,932.66	31.67	.084	39.38	2.66
OFFICE VISITS	568	725	20,263.59	27.95	.055	35.68	1.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	316	345	13,346.56	38.69	.026	42.24	1.02
PREVENTIVE CARE	30	30	1,154.67	38.49	.002	38.49	.09
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	167.84	55.95	.000	55.95	.01
INPATIENT VISITS	24	58	4,503.79	77.65	.004	187.66	.34
HOSPITAL VISITS	20	39	1,909.20	48.95	.003	95.46	.15
CRITICAL CARE	7	19	2,594.59	136.56	.001	370.66	.20
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	16	16	652.03	40.75	.001	40.75	.05
EXAMINATIONS	13	13	638.59	49.12	.001	49.12	.05
SERVICES AND MATERIALS	3	3	13.44	4.48	.000	4.48	.00
INPATIENT HOSPITAL SURGERY	18	112	3,986.66	35.60	.009	221.48	.30
PRINCIPAL SURGEON	9	12	2,180.99	181.75	.001	242.33	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	100	1,805.67	18.06	.008	180.57	.14
OUTPATIENT SURGERY	78	268	11,479.19	42.83	.020	147.17	.87
PRINCIPAL SURGEON	51	57	6,457.84	113.30	.004	126.62	.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	32	211	5,021.35	23.80	.016	156.92	.38
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	80	99	884.73	8.94	.008	11.06	.07
RADIOLOGY	119	151	2,496.32	16.53	.011	20.98	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	8	186.74	23.34	.001	26.68	.01
OTHER SERVICES/ALL X-OVERS	85	184	3 <b>,</b> 516.89	19.11	.014	41.38	.27
@PHARMACY	1,437	2 <b>,</b> 247 \$	35 <b>,</b> 278.62	\$ 15.70	.171 \$	24.55	\$ 2.69
PRESCRIPTION DRUGS	1,431	2,228	35,044.62	15.73	.170	24.49	2.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,431	2,228	35,044.62	15.73	.170	24.49	2.67

MEDICAL SUPPLIES	21	19	234.00		12.32	.001	11.14	.02	
@DENTIST	410	2,199	\$ 74,535.83	\$	33.90	.167			
VISITS - DIAGNOSTIC	311	1,144	18,292.08	·	15.99	.087	58.82	1.39	
ORAL SURGERY	43	, 98	3,567.75		36.41	.007	82.97	.27	
DRUGS	7	11	170.00		15.45	.001	24.29	.01	
ANESTHESIA	0	0	.00		.00	.000	.00	.00	
PERIODONTICS	0	0	.00		.00	.000	.00	.00	
ENDODONTICS	65	183	12,330.50		67.38	.014	189.70	.94	
RESTORATIVE DENTISTRY	163	751	38,615.50		51.42	.057	236.90	2.94	
PROSTHETICS	0	0	.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.00	
SPACE MAINTAINERS	11	12	1,560.00		130.00	.001	141.82	.12	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDT CAT CEDUTO	O AND DVDDNDIBLID	DO MONIMUI ON DANMENIM I		TANT	2002 MIIDII D	Ta 2002	11 066	
#CALIF DEFI OF REALIR SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MONTH-OF-PAYMENT I	REPOR.	I FOR JAN 2	2002 THRU D	EC 2002	PAGE 14,866	
MOP024	FEE-FOR-SERVICE		ES MONTH-OF-PAYMENT F	REPOR.	I FOR JAN 2	ZUUZ THRU D	EC 2002	PAGE 14,866 01/17/03	
	FEE-FOR-SERVICE				DDES 72 74		EC 2002		
MOP024	FEE-FOR-SERVICE	/DENTAL				8N	EC 2002 NTHLY AVER	01/17/03	
MOP024	FEE-FOR-SERVICE	/DENTAL		AID CO	ODES 72 74 ERAGE COST	8N	NTHLY AVERA COST PER	01/17/03	
MOP024 SONOMA COUNTY 13,132 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%	PROGRAM A	AID CO	ODES 72 74 ERAGE COST R UNIT/DAY	8N MO UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER	01/17/03 AGE COST PER ELIGIBLE	
MOP024 SONOMA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36	PROGRAM EXPENDITURES \$ 1,167.51	AID CO	ODES 72 74 ERAGE COST R UNIT/DAY 32.43	8N MO UNITS/DAYS PER ELIG .003	NTHLY AVERA COST PER USER \$ 61.45	01/17/03 AGE COST PER ELIGIBLE	
MOP024 SONOMA COUNTY  13,132 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36 10	PROGRAM EXPENDITURES \$ 1,167.51 438.75	AID CO AVI PEI	DDES 72 74 ERAGE COST R UNIT/DAY 32.43 43.88	8N MO UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 61.45 43.88	01/17/03  AGE  COST PER  ELIGIBLE  \$ .09  .03	
MOP024 SONOMA COUNTY  13,132 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36 10 18	PROGRAM EXPENDITURES \$ 1,167.51	AID CO AVI PEI	DDES 72 74  ERAGE COST R UNIT/DAY 32.43 43.88 14.85	8N MO UNITS/DAYS PER ELIG .003 .001	NTHLY AVERA COST PER USER \$ 61.45 43.88 38.19	01/17/03  AGE  COST PER  ELIGIBLE  \$ .09  .03  .02	
MOP024 SONOMA COUNTY  13,132 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36 10 18 8	PROGRAM EXPENDITURES \$ 1,167.51	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY 32.43 43.88 14.85 57.68	8N MO UNITS/DAYS PER ELIG .003 .001 .001	NTHLY AVERA COST PER USER \$ 61.45 43.88 38.19 57.68	01/17/03  AGE  COST PER  ELIGIBLE  \$ .09  .03  .02  .04	
MOP024 SONOMA COUNTY  13,132 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36 10 18 8 0	PROGRAM EXPENDITURES  \$ 1,167.51	AID CO AVI PEI	DDES 72 74  ERAGE COST R UNIT/DAY	8N MO UNITS/DAYS PER ELIG .003 .001 .001 .001	NTHLY AVERA COST PER USER \$ 61.45 43.88 38.19 57.68 \$ .00	01/17/03  AGE  COST PER  ELIGIBLE  \$ .09  .03  .02  .04  \$ .00	
MOP024 SONOMA COUNTY  13,132 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36 10 18 8 0 0	PROGRAM EXPENDITURES  \$ 1,167.51	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY	8N MO UNITS/DAYS PER ELIG .003 .001 .001 .001 .000	NTHLY AVERA COST PER USER \$ 61.45 43.88 38.19 57.68 \$ .00 .00	01/17/03  AGE  COST PER ELIGIBLE \$ .09 .03 .02 .04 \$ .00 .00	
MOP024 SONOMA COUNTY  13,132 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36 10 18 8 0	PROGRAM EXPENDITURES  \$ 1,167.51	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY	8N MO UNITS/DAYS PER ELIG .003 .001 .001 .001 .000 .000	NTHLY AVERA COST PER USER \$ 61.45 43.88 38.19 57.68 \$ .00 .00 .00	01/17/03  AGE  COST PER ELIGIBLE \$ .09 .03 .02 .04 \$ .00 .00 .00	
MOP024 SONOMA COUNTY  13,132 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36 10 18 8 0 0	PROGRAM EXPENDITURES  \$ 1,167.51	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY	8N MO UNITS/DAYS PER ELIG .003 .001 .001 .001 .000 .000 .000	NTHLY AVERA COST PER USER \$ 61.45 43.88 38.19 57.68 \$ .00 .00 .00 \$ .00	01/17/03  AGE  COST PER  ELIGIBLE  \$ .09 .03 .02 .04 \$ .00 .00 .00 \$ .00	
MOP024 SONOMA COUNTY  13,132 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 69 133%  UNITS OF SERVICE OR DAYS OF CARE 36 10 18 8 0 0	PROGRAM EXPENDITURES  \$ 1,167.51	AID CO AVI PEI \$	DDES 72 74  ERAGE COST R UNIT/DAY	8N MO UNITS/DAYS PER ELIG .003 .001 .001 .001 .000 .000	NTHLY AVERA COST PER USER \$ 61.45 43.88 38.19 57.68 \$ .00 .00 .00	01/17/03  AGE  COST PER ELIGIBLE \$ .09 .03 .02 .04 \$ .00 .00 .00	

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,074	2,633	S	187,977.45	Ś	71.39	.201	\$	175.03		14.31
HOSP INPATIENT TOTAL	21	57	т.	112,406.36	т.	1972.04	.004	т.	5352.68	т.	8.56
HSC HOSPITALS	3	18		31,338.00		1741.00	.001		10446.00		2.39
NON-HSC HOSPITAL TOTAL	18	39		81,068.36		2078.68	.003		4503.80		6.17
ACCOMMODATIONS	18	39		27,953.04		716.74	.003		1552.95		2.13
	0	0		·		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00							
TRANSITIONAL IP CARE				.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	39		27,953.04		716.74	.003		1552.95		2.13
ANCILLARIES	18	0		53,115.32		.00	.000		2950.85		4.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,058	2 <b>,</b> 576		75,571.09		29.34	.196		71.43		5.75
MEDICAL	365	433		14,364.13		33.17	.033		39.35		1.09
SURGERY	80	81		3,528.13		43.56	.006		44.10		.27
PATHOLOGY	243	484		4,386.09		9.06	.037		18.05		.33
RADIOLOGY	116	147		6,394.53		43.50	.011		55.13		.49
ROOM USE	845	1,058		41,189.62		38.93	.081		48.75		3.14
CROSSOVERS/ALL OTH OUTPINT	284	373		5,708.59		15.30	.028		20.10		.43
@COUNTY HOSPITAL TOTAL	0	0	\$	7.16	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ALL OTHER ACCOM	0	0				.00	.000				.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		7.16		.00	.000		.00		.00
MEDICAL	0	0		7.16		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 14,867
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR 69 133%	PRO	GRAM A	ID C	ODES 72 74	8N				
							M	ONT	HLY AVERA	GE -	
13,132 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
10,101 111111111	00210	OR DAYS OF CARE		2111 2112 1 1 0 1 1 2 0		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,074	2,633	\$	187,970.29	\$				175.02		14.31
COMM HOSP INPATIENT TOTAL	21	2 <b>,</b> 033	~	112,406.36	Y	1972.04	.004	4	5352.68	~	8.56
HSC HOSPITALS	3	18		31,338.00		1741.00	.004		10446.00		2.39
NON-HSC HOSPITALS TOTAL	18	39		81,068.36		2078.68			4503.80		
				•			.003				6.17
ACCOMMODATIONS	18	39		27,953.04		716.74	.003		1552.95		2.13
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

ALL OTHER ACCOM	18	39		27,953.04		716.74	. (	003		1552.95		2.13
ANCILLARIES	18	0		53,115.32		.00	. (	000		2950.85		4.04
INPATIENT CROSSOVERS	0	0		.00		.00	. (	000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,058	2 <b>,</b> 576		75,563.93		29.33		96		71.42		5.75
MEDICAL	365	433		14,356.97		33.16		33		39.33		1.09
SURGERY	80	81		3,528.13		43.56		06		44.10		.27
	243	484				9.06		37				.33
PATHOLOGY				4,386.09						18.05		
RADIOLOGY	116	147		6,394.53		43.50		)11		55.13		.49
ROOM USE	845	1,058		41,189.62		38.93		81		48.75		3.14
CROSSOVERS/ALL OTH OUTPTNT		373		5,708.59		15.30		28		20.10		.43
@STATE HOSPITAL	0	0	\$		\$	.00			\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00		000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00		000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	. (	000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	. (	000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	. (	000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	. (	000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	. (	000		.00		.00
LEV B-REGULAR	0	0		.00		.00	. (	000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$	.00		000	\$	.00	\$	.00
ICF DDH	0	0	•	.00	·	.00		000		.00		.00
ICF DD	0	0		.00		.00		000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		\$	.00			\$	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	7	.00		000	Т.	.00	- 1	.00
HEMODIALYSIS CENTER	0	0		.00		.00		000		.00		.00
@REHABILITATION FACILITY	6	147	\$	1,972.54	Ś				\$	328.76	Ś	.15
HOSPITAL BASED	0	2CR	т	115.57C		57.79		000	т	.00	т	.01CR
INDEPENDENT FACILITY	6	149		2,088.11				)11		348.02		.16
@LABORATORY FACILITY	134	241	\$	2,685.71					\$		Ś	.20
PATHOLOGY	134	241	Ψ	2,685.71	Υ	11.14		)18	Y	20.04	۲	.20
XO AND OTHERS	0	0		.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,057	1,348	\$	122,181.03	Ċ				¢	115.59	Ċ	9.30
CLINIC CLINIC	75	115	Y	3,228.15	Ÿ	28.07		03		43.04	Y	.25
SURGICENTER	0	0		.00		.00		000		.00		.00
	0	0		.00		.00		000		.00		.00
HEROIN DETOX CLINIC	982	1,233		118,952.88		96.47		94		121.13		9.06
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	7 O M						DEC		ъ.	9.06 AGE 14,868
			79 M	ONIH-OF-PAIMENI R.	EPUR1	. FOR JAN	2002 11	IKU	DEC	2002	P	01/17/03
MOP024	FEE-FOR-SERVICE		DDO	CDAM	TD CC	DEC 70 74	ONT					01/1//03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 69 133%	PRO	GRAM A	בט ענ.	DES /2 /4			<b>/</b> ○NI⊞	ממטא אווו	C F	
13,132 ELIGIBLES	USERS	INTES OF SERVICE		EXPENDITURES	7/ 7/ 7/ 7	DACE COCE				HLY AVERA		
13,132 ELIGIBLES	USEKS	UNITS OF SERVICE		EXPENDITORES								COST PER ELIGIBLE
	1 - 4	OR DAYS OF CARE	ċ	16 200 26		R UNIT/DAY				USER		-
@ALL OTHER PROVIDERS	154	838	Ş	16,399.36	Þ				Ş	106.49	Ş	
DURABLE MED. EQUIP.	21	22		1,870.93		85.04		02		89.09		.14
BLOOD BANK	0	0		.00		.00		000		.00		.00
HEARING AID DISPENSERS	2	11		3,425.04		311.37		01		1712.52		.26
MEDICAL TRANSPORTATION	11	204		2,073.27		10.16		16		188.48		.16
AMBULANCES/AIR TRANS	11	204		2,073.27		10.16		16		188.48		.16
OTHER TRANS	0	0		.00		.00		000		.00		.00
OTHER SERVICES	0	0		.00		.00		000		.00		.00
ACUPUNCTURE	0	0		.00		.00		000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00		000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	. (	000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	35	391.56	11.19	.003	24.47	.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	9	1,157.82	128.65	.001	578.91	.09
PROSTHETICS	2	9	1,157.82	128.65	.001	578.91	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	39	1,882.85	48.28	.003	110.76	.14
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	86	518	5,597.89	10.81	.039	65.09	.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	47	284	\$ 62,397.36	\$ 219.71	.022	\$ 1327.60	\$ 4.75
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,869
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

SONOMA COUNTI	SUMMANI OF SER	VICES FOR /U 100%	FROGRAI	1 A.	ID CODES /A /C			
						MON	THLY AVERA	GE
10,824 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,627	9,498	\$	395,550.00	\$ 41.65	.877 \$	150.57	\$ 36.54
@PHYSICIANS SERVICES	506	934	\$	39,428.65	\$ 42.21	.086 \$	77.92	\$ 3.64
OUTPATIENT VISITS	359	427		14,274.34	33.43	.039	39.76	1.32
OFFICE VISITS	238	285		8,731.34	30.64	.026	36.69	.81
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	118	134		5,172.11	38.60	.012	43.83	.48
PREVENTIVE CARE	6	6		304.23	50.71	.001	50.71	.03
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	2		66.66	33.33	.000	22.22	.01
INPATIENT VISITS	16	55		4,313.45	78.43	.005	269.59	.40
HOSPITAL VISITS	14	2,9		1,388.72	47.89	.003	99.19	.13
CRITICAL CARE	4	2.6		2,924.73	112.49	.002	731.18	.27
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	14	15		728.53	48.57	.001	52.04	.07
EXAMINATIONS	13	14		723.49	51.68	.001	55.65	.07
SERVICES AND MATERIALS	1	1		5.04	5.04	.000	5.04	.00
INPATIENT HOSPITAL SURGERY	14	39		5,162.98	132.38	.004	368.78	.48
PRINCIPAL SURGEON	9	9		4,343.43	482.60	.001	482.60	.40
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	30		819.55	27.32	.003	163.91	.08
OUTPATIENT SURGERY	44	120		6,220.74	51.84	.011	141.38	.57
PRINCIPAL SURGEON	38	49		4,446.84	90.75	.005	117.02	.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	71		1,773.90	24.98	.007	253.41	.16
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	34	45		605.54	13.46	.004	17.81	.06
RADIOLOGY	117	181		5,907.86	32.64	.017	50.49	.55
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	1	1	29.18	29.18	.000	29.18	.00
OTHER SERVICES/ALL X-OVERS	35	51	2,186.03	42.86	.005	62.46	.20
@PHARMACY	647	1,096	42,070.99	\$ 38.39	.101	\$ 65.02	\$ 3.89
PRESCRIPTION DRUGS	644	1,090	41,876.89	38.42	.101	65.03	3.87
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	644	1,090	41,876.89	38.42	.101	65.03	3.87
MEDICAL SUPPLIES	6	6	194.10	32.35	.001	32.35	.02
@DENTIST	515	2,620	72,524.40	\$ 27.68	.242	\$ 140.82	\$ 6.70
VISITS - DIAGNOSTIC	366	1,777	27,180.65	15.30	.164	74.26	2.51
ORAL SURGERY	90	169	9,233.00	54.63	.016	102.59	.85
DRUGS	11	12	159.00	13.25	.001	14.45	.01
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.05
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	39	51	4,617.00	90.53	.005	118.38	.43
RESTORATIVE DENTISTRY	206	547	25,389.75	46.42	.051	123.25	2.35
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	14	15	1,840.00	122.67	.001	131.43	.17
MAXILLOFACIAL SERVICES	3	3	150.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	33	39	3,380.00	86.67	.004	102.42	.31
ALL OTHER SERVICES	2	2	75.00	37.50	.000	37.50	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 14,870
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

SONOMA COUNTY

----- MONTHLY AVERAGE -----10,824 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 66 @OPTOMETRIST 155 4,039.42 26.06 .014 \$ 61.20 \$ .37 44 1,958.31 44.51 .004 46.63 DIAGNOSTIC AND ANC. PROCED .18 36 101 39.92 EYE APPLIANCES 1,437.01 14.23 .009 .13 10 10 64.41 OTHER OPTOMETRIC SERVICES 644.10 .001 64.41 .06 @CHIROPRACTOR 1 16.72 \$ 16.72 .000 \$ 16.72 \$ .00 16.72 16.72 VISITS .000 16.72 .00 OTHER SERVICES 0 .00 .00 .000 .00 297.60 \$ 37.20 .001 \$ 42.51 \$ .03 @PODIATRIST 149.04 29.81 37.26 MEDICINE/INJECTIONS .000 108.16 54.08 54.08 SURGERY/ANES. .000 .01 RADIO./PATHOLOGY .00 .00 .000 .00 .00 1 OTHER 40.40 40.40 .000 40.40 .00 .001 \$ @HOME HEALTH AGENCY 6 309.49 51.58 103.16 .03 NURSE ANESTHESIST .00 .00 .000 \$ .00 \$ .00 NURSE MIDWIFE .00 \$ .00 .000 \$ .00 \$ .00 .00 s PEDIATRIC NURSE PRACTITIONER .00 .000 \$ .00 \$ .00 .00 .00 .000 \$ .00 FAMILY NURSE PRACTITIONER 475 @TOTAL HOSPITAL 1,487 135,474.53 91.11 .137 \$ 285.21 \$ 12.52 14 41 HOSP INPATIENT TOTAL 91,979.27 2243.40 .004 6569.95 8.50 1 HSC HOSPITALS 1 1,650.00 1650.00 .000 1650.00 .15 NON-HSC HOSPITAL TOTAL 13 40 90,329.27 2258.23 6948.41 8.35 .004 13 40 707.35 2176.47 ACCOMMODATIONS 28,294.10 .004 2.61 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 0 0 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 707.35 13 40 28,294.10 .004 ALL OTHER ACCOM 2176.47 2.61 ANCILLARIES 13 0 62,035.17 .00 .000 4771.94 5.73 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	464	1,446		43,495.26	30.08	.134	93.74	4.02
MEDICAL	163	192		7,246.10	37.74	.018	44.45	.67
SURGERY	50	55		2,700.55	49.10	.005	54.01	.25
PATHOLOGY	113	324		3,772.74	11.64	.030	33.39	.35
RADIOLOGY	106	149		7,883.37	52.91	.014	74.37	.73
ROOM USE	363	437		16,405.00	37.54	.040	45.19	1.52
CROSSOVERS/ALL OTH OUTPTNT	135	289		5,487.50	18.99	.027	40.65	.51
@COUNTY HOSPITAL TOTAL	0	0	\$	7.82	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		7.82	.00	.000	.00	.00
MEDICAL	0	0		7.82	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
		ES AND EXPENDITUR	RES MON	ITH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU D	EC 2002	PAGE 14,871
	FEE-FOR-SERVICE	•						01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 70 100%	PROGE	RAM AI	ID CODES 7A 7C	8R		
							NTHLY AVERA	GE
10,824 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	475	1,487	\$	135,466.71	\$ 91.10	.137	\$ 285.19	\$ 12.52

COMM HOSP INPATIENT TOTAL	14	41		91,979.27		2243.40	.004	6	569.95		8.50
HSC HOSPITALS	1	1		1,650.00		1650.00	.000	1	650.00		.15
NON-HSC HOSPITALS TOTAL	13	40		90,329.27		2258.23	.004	6	948.41		8.35
ACCOMMODATIONS	13	40		28,294.10		707.35	.004		176.47		2.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	_	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
								2			
ALL OTHER ACCOM	13	40		28,294.10		707.35	.004		176.47		2.61
ANCILLARIES	13	0		62,035.17		.00	.000	4	771.94		5.73
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	464	1,446		43,487.44		30.07	.134		93.72		4.02
MEDICAL	163	192		7,238.28		37.70	.018		44.41		.67
SURGERY	50	55		2,700.55		49.10	.005		54.01		.25
PATHOLOGY	113	324		3,772.74		11.64	.030		33.39		.35
RADIOLOGY	106	149		7,883.37		52.91	.014		74.37		.73
ROOM USE	363	437		16,405.00		37.54	.040		45.19		1.52
CROSSOVERS/ALL OTH OUTPTNT	135	289		5,487.50		18.99	.027		40.65		.51
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
	0		Ş		Ą			Ą		Ą	
MENTALLY ILL		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	Ś	.00
ICF DDH	0	0	Υ	.00	Y	.00	.000	Υ	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	0		<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u>^</u>	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	30	\$	514.87	\$	17.16	.003	\$	85.81	\$	.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	6	30		514.87		17.16	.003		85.81		.05
@LABORATORY FACILITY	81	187	\$	2,793.41	\$	14.94	.017	\$	34.49	\$	.26
PATHOLOGY	81	187		2,793.41		14.94	.017		34.49		.26
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	561	844	\$	74,914.04	\$	88.76	.078	Ś	133.54	Ś	6.92
CLINIC	49	114	т.	2,765.22	7	24.26	.011	-	56.43	-	.26
SURGICENTER	1	7		272.68		38.95	.001		272.68		.03
	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC											
RURAL HEALTH CLINIC	513	723		71,876.14		99.41	.067		140.11	_	6.64
#CALIF DEPT OF HEALTH SERV			RES .	MONTH-OF-PAYMENT F	KEPOR'I	' FOR JAN 2	2002 THRU L	EC 2	002	Р	AGE 14,872
MOP024	FEE-FOR-SERVICE		_				_				01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 70 100	8 PR	OGRAM A	AID CC	DDES 7A 7C	8R				
							MC	NTHL	Y AVERA	GΕ	
10,824 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	CO	ST PER		COST PER
		OR DAYS OF CAR	Œ		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	413	2,130	\$	23,165.88	\$	10.88	.197	\$	56.09	\$	2.14
DURABLE MED. EQUIP.	2	9		246.03		27.34	.001		123.02		.02
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		64.96		64.96	.000		64.96		.01
MEDICAL TRANSPORTATION	14	215		2,380.33		11.07	.020		170.02		.22
TIDICITE TIMINI OTTALION	T-1	213		2,300.33		± ± • 0 /	.020		- 10.02		• 4 4

AMBULANCES/AIR TRANS	14	215	2,380.33	11.0	.020	170.02	.22
OTHER TRANS	0	0	.00	. 0	.000	.00	.00
OTHER SERVICES	0	0	.00	. 0	.000	.00	.00
ACUPUNCTURE	0	0	.00	. 0	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	. 0	.000	.00	.00
GENETIC DISEASE TESTING	3	3	265.00	88.3	.000	88.33	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	. 0	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	. 0	.000	.00	.00
OPTICIAN	59	131	1,264.22	9.6	.012	21.43	.12
PHYSICAL THERAPIST	1	2	51.88	25.9	.000	51.88	.00
PORTABLE X-RAY	0	0	.00	. 0	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	1,541.48	192.6	.001	513.83	.14
PROSTHETICS	3	8	1,541.48	192.6	.001	513.83	.14
ORTHOTICS	0	0	.00	. 0	.000	.00	.00
PSYCHOLOGIST	0	0	.00	. 0	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	344.80	43.1	.001	86.20	.03
HOSPICE SERVICES	0	0	.00	. 0	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	. 0	.000	.00	.00
LOCAL EDUCATION AGENCIES	329	1,753	17,007.18	9.7	0 .162	51.69	1.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	. 0	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	. 0	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	. 0	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	. 0	.000	.00	.00
@CALIF. CHILDREN SERVICES*	32	199	\$ 10,312.67	\$ 51.8	.018	\$ 322.27	\$ .95
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .0	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,873 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F SONOMA COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 5,430 17,318 883,769.50 \$ 51.03 .000 \$ 162.76 \$ .00 553 978 32,511.94 33.24 .000 \$ 58.79 \$ .00 @PHYSICIANS SERVICES 405 31.37 136.62 OUTPATIENT VISITS 12,705.86 .000 .00 17.26 OFFICE VISITS 11 11 189.89 17.26 .000 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 0 .00 .00 .000 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 394 12,515.97 31.77 .000 147.25 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 591.03 73.88 147.76 INPATIENT HOSPITAL SURGERY .000 .00 347.83 173.92 173.92 PRINCIPAL SURGEON .000 .00 .00 .00 .00 ASSISTANT SURGEON .00 .000 ANESTHESIOLOGIST 2 6 243.20 40.53 .000 121.60 .00 OUTPATIENT SURGERY 44 77 6,830.86 88.71 .000 155.25 .00 PRINCIPAL SURGEON 6,410.95 108.66 .000 152.64 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	5	18		419.91	23.33	.000		83.98		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	252	255		4,248.68	16.66	.000		16.86		.00
RADIOLOGY	208	215		7,562.51	35.17	.000		36.36		.00
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	6		513.00	85.50	.000		256.50		.00
OTHER SERVICES/ALL X-OVERS	2	12		60.00	5.00	.000		30.00		.00
@PHARMACY	248	413	\$	15,756.65	\$ 38.15	.000	\$	63.53	\$	.00
PRESCRIPTION DRUGS	218	318		10,516.33	33.07	.000		48.24		.00
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	218	318		10,516.33	33.07	.000		48.24		.00
MEDICAL SUPPLIES	40	95		5,240.32	55.16	.000		131.01		.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000		.00		.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CATTE DEDM OF BEATMU CEDM A	APDI CAI CPDIZICEC A	ND EVDENDIMI	DEC MON	THE TRANSPORT OF	EOD TAN	2002 miinii	סייות	2002	D 7	CE 1/ 07/

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,874 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

							M	ГИО	THLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	396	2,633	\$	79 <b>,</b> 880.74	\$	30.34	.000	\$	201.72	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	824	1,789	\$	91,080.23	\$	50.91	.000	\$	110.53	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
	•	· ·		.00			
HOSP OUTPATIENT TOTAL	824	1,789	91,080.23	50.91	.000	110.53	.00
MEDICAL	2	2	42.19	21.10	.000	21.10	.00
SURGERY	67	96	3,070.59	31.99	.000	45.83	.00
PATHOLOGY	317	425	16,168.93	38.04	.000	51.01	.00
RADIOLOGY	393	404	27,069.85	67.00	.000	68.88	.00
ROOM USE	181	247	7,992.91	32.36	.000	44.16	.00
CROSSOVERS/ALL OTH OUTPTNT		615	36,735.76	59.73	.000	255.11	.00
	1		•			138.34	
@COUNTY HOSPITAL TOTAL			138.34		.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	138.34	46.11	.000	138.34	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ţ	2	104.92	52.46	.000	104.92	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.000	33.42	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DEC	2002	PAGE 14,875
MOP024	FEE-FOR-SERVICE						01/17/03
SONOMA COUNTY		ICES FOR 71 PRESUMP F	T.TCTBTT.TTV-PRECNA	NT AID CODES	7 F		01/11/00
SONOMA COUNTI	SOMMANT OF SERV	ICES FOR /I FRESOME I	LLIGIDILLII FREGNA	MI AID CODES	MONT	אל מבונג א דווי	7.0
00 51 10151 50	110770			311ED30E 000E			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	823	1 <b>,</b> 786 \$	90,941.89	\$ 50.92	.000 \$	110.50	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	Û	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	823	1,786	90,941.89	50.92	.000	110.50	.00
MEDICAL	2	2	42.19	21.10	.000	21.10	.00
SURGERY	67	96	3,070.59	31.99	.000	45.83	.00
PATHOLOGY	316	423	16,064.01	37.98	.000	50.84	.00
RADIOLOGY	393	404	27,069.85	67.00	.000	68.88	.00
ROOM USE			,				
		246	7.959.49	32.36	.000	44.22	. 00
CROSSOVERS/ALL OTH OUTPTMT	180	246 615	7,959.49 36.735.76	32.36 59.73	.000	44.22 255 11	.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL		246 615 0 \$	7,959.49 36,735.76 .00	32.36 59.73 \$ .00	.000 .000 .000 \$	44.22 255.11 .00	.00

ADMINISTRATIVE DAYS

0

0

.00

.00

.000

.00

.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,181	4,397	\$	121,831.63	\$	27.71	.000	\$	55.86	\$	.00
PATHOLOGY	2,181	4,397		121,831.63		27.71	.000		55.86		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,951	6 <b>,</b> 936	\$	525,402.56	\$	75.75	.000	\$	178.04	\$	.00
CLINIC	1,024	3,164		179,184.94		56.63	.000		174.99		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,941	3,772		346,217.62		91.79	.000		178.37		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 200	2 THRU	DEC	2002	PA	GE 14,876
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES	FOR 71 PRE	SUMP	ELIGIBILITY-PREGNA	TNA	AID CODES 7E					
							10.7	TONTH:	A CHILLY A STEE	CE	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	170	172 \$	17,305.75	\$ 100.61	.000 \$	101.80	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	170	172	17,305.75	100.61	.000	101.80	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

 $<sup>\</sup>ensuremath{\emptyset}^{\star}$  Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,877 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SONOMA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

CONCILL CCONTI	DOIMMIN OF DELIC	VIOLD IOIC /2	1111111	01111	TODELICOTODED FIGO	JI (Z 1I I	1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
								MC	DNTHL	Y AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	s co	ST PER		COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1		2	\$	12.51	\$	6.26	.000	\$	12.51	\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

 $<sup>\</sup>star\star$  These data are included in the appropriate detail lines above.

INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		Ō		.00		.00	.000	.00		.00
@PHARMACY	1		2	\$	12.51	\$	6.26	.000		Ś	.00
PRESCRIPTION DRUGS	1		2	Т	12.51	Т	6.26	.000	12.51	7	.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	1		2		12.51		6.26	.000	12.51		.00
MEDICAL SUPPLIES	<u> </u>		0		.00		.00	.000	.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000		\$	.00
VISITS - DIAGNOSTIC	0		0	Ÿ	.00	۲	.00	.000	.00	Y	.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
ANESTHESIA	0		0		.00		.00	.000	.00		.00
PERIODONTICS	0		0		.00		.00	.000	.00		.00
ENDODONTICS	0		0		.00		.00	.000	.00		.00
	0		0								
RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	U		0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	U		0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	U		0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	U		0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV			PENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU D	EC 2002	I	PAGE 14,878
MOP024	FEE-FOR-SERVIC										01/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR	72 MEDI	-CAL	TUBERCULOSIS PROC	GRAM	AID CC				
00									NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS			COST PER
0.0000000000000000000000000000000000000		OR DAYS		_	0.0			PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000		Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00		.00
EYE APPLIANCES	0		0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000		\$	.00
VISITS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000		\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	0		0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00		\$ .00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00		\$ .00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00		\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .0	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0 \$		\$ .(	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		000 .000	.00	.00
	0	0				.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.000		.00
ACCOMMODATIONS	U	U	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (	.000	.00	.00
ANCILLARIES	0	0	.00	. (	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	. (	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	. (	.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		000 .000	.00	.00
ROOM USE	0	0	.00		000 .000	.00	.00
	0	•					
CROSSOVERS/ALL OTH OUTPTNT	0	0 0 \$	.00		.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	· ·		•		\$ .00	
CO HOSPITAL INPATIENT TOTAL	U	0	.00		.000	.00	.00
HSC HOSPITALS	Ü	Ü	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00	. (	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (	.000	.00	.00
ANCILLARIES	0	0	.00	. (	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	. (	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.000	.00	.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00	. (		.00	.00
PATHOLOGY	0	0	.00		000 .000	.00	.00
RADIOLOGY	0	0	.00		000 .000	.00	.00
ROOM USE	0	0	.00		000 .000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		000 .000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	•	.00 MONTH-OF-PAYMENT F				
MOP024			MONIH-OF-PAIMENT F	CEPURI FUR C	JAN 2002 IRKO DI	EC 2002	PAGE 14,879 01/17/03
	FEE-FOR-SERVICE/		AT MUDEDOULOGIC DDG		ID CODE		01/11/03
SONOMA COUNTY	SUMMARY OF SERVI	CES FOR /2 MEDI-C	CAL TUBERCULOSIS PRO	JGRAM A	ID CODE		CE
OO ELICIDIES	HCEDC	INTER OF CEDUTOR	EVDENDIMIDEO	ATTEDACE (		NTHLY AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		COST UNITS/DAYS		COST PER
0.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.0000	0	OR DAYS OF CARE			DAY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$			.000		
COMM HOSP INPATIENT TOTAL	0	0	.00	. (		.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	. (	.000	.00	.00
ACCOMMODATIONS	0	0	.00	. (	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	. (	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	. (	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	. (	.000	.00	.00
ANCILLARIES	0	0	.00	. (	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	. (	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	Ö	0	.00		.000	.00	.00
MEDICAI	0	0	0.0		000	0.0	0.0

.00

.000

.00

.00

MEDICAL

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
	. 0	0	\$		ċ				ċ	
@STATE HOSPITAL	0		Ş	.00	\$	.00	.000		\$	.00
MENTALLY ILL	U	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000		\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	9	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000		\$	.00
ICF DDH	0	0	т	.00	т	.00	.000	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
	0		Ċ		Ċ				ċ	
@HEMODIALYSIS TOTAL	U	0	\$	.00	\$	.00	.000		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000		\$	.00
CLINIC	0	0	т	.00	т	.00	.000	.00	т.	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
	0	0								
RURAL HEALTH CLINIC	V VIDE CAL CERTAL	•	miidaa .	.00		.00	.000	.00	Б.	.00
#CALIF DEPT OF HEALTH SERV			TURES .	MONTH-OF-PAYMENT R	KEPORT	' FOR JAN 2	2002 THRU DE	EC 2002	Ρ.	AGE 14,880
MOP024	FEE-FOR-SERVIC									01/17/03
SONOMA COUNTY	SUMMARY OF SER	VICES FOR /2 MI	EDI-CA	L TUBERCULOSIS PRO	GRAM	AID CO			~-	
0.0							MON			
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF C				R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000		\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
	0	0		.00			.000	.00		
ADULT DAY HEALTH CARE CTR	0					.00				.00
GENETIC DISEASE TESTING	•	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,881 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

001,0121 0001,11	001111111111111111111111111111111111111		01. 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00D0	,			
						MOI	NTHLY AVERA	GE	
2,883 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EI	LIGIBLE
@TOTAL, ALL PROVIDERS	638	4,359	\$	381,714.03	\$ 87.57	1.512	\$ 598.30	\$	132.40
@PHYSICIANS SERVICES	173	812	\$	45,308.37	\$ 55.80	.282	\$ 261.90	\$	15.72
OUTPATIENT VISITS	58	113		5,462.36	48.34	.039	94.18		1.89
OFFICE VISITS	15	21		744.64	35.46	.007	49.64		.26
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	15	18		782.43	43.47	.006	52.16		.27
PREVENTIVE CARE	1	1		45.18	45.18	.000	45.18		.02
OB VISITS/COMPRE PERI	31	73		3,890.11	53.29	.025	125.49		1.35
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	27	135		12,027.31	89.09	.047	445.46		4.17

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	0.4			0 501 05		46.05	000		1 4 6 50		1 00
HOSPITAL VISITS	24	75		3,521.27		46.95	.026		146.72		1.22
CRITICAL CARE	7	60		8,506.04		141.77	.021		1215.15		2.95
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	37	373		19,245.91		51.60	.129		520.16		6.68
PRINCIPAL SURGEON	19	21		14,678.49		698.98	.007		772.55		5.09
ASSISTANT SURGEON	1	1		186.50		186.50	.000		186.50		.06
ANESTHESIOLOGIST	19	351		4,380.92		12.48	.122		230.57		1.52
OUTPATIENT SURGERY	23	36		3,599.36		99.98	.012		156.49		1.25
PRINCIPAL SURGEON	20	20		3,113.46		155.67	.007		155.67		1.08
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	6	16		485.90		30.37	.006		80.98		.17
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	22	29		497.44		17.15	.010		22.61		.17
RADIOLOGY	59	73		2,907.48		39.83	.025		49.28		1.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	22		427.98		19.45	.008		38.91		.15
OTHER SERVICES/ALL X-OVERS	12	31		1,140.53		36.79	.011		95.04		.40
@PHARMACY	 86	155	\$	3,246.11	\$	20.94	.054	Ś	37.75	Ś	1.13
PRESCRIPTION DRUGS	86	148	'	3,227.07		21.80	.051		37.52		1.12
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	86	148		3,227.07		21.80	.051		37.52		1.12
MEDICAL SUPPLIES	1	7		19.04		2.72	.002		19.04		.01
@DENTIST	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	т.	.00	-	.00	.000	т.	.00	т.	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	•	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	•	na :	.00		.00	.000	DE ~	.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		LS N	MONTH-OF-PAYMENT R.	LPOR'.	r rok jan	ZUUZ THRU	DEC	2002	Ρ.	AGE 14,882
MOP024	FEE-FOR-SERVICE/DEN	VI'AL	_ ~		~.						01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						Mo	ТИС	HLY AVERA	GE	
2,883 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	11	16	\$	828.96	\$	51.81	.006	\$	75.36	\$	.29
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$		\$	.00
NURSE MIDWIFE	55	837	\$	17,911.69	\$	21.40	.290	\$	325.67	\$	6.21
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	154	939	\$	250,749.65	\$	267.04	.326	\$	1628.24		86.98
HOSP INPATIENT TOTAL	33	162	•	229,505.38	·	1416.70	.056	·	6954.71	·	79.61
HSC HOSPITALS	2	40		72,000.00		1800.00	.014	3	36000.00		24.97
NON-HSC HOSPITAL TOTAL	32	122		157,505.38		1291.03	.042		4922.04		54.63
ACCOMMODATIONS	32	122		74,979.32		614.58	.042		2343.10		26.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	32	122		74,979.32		614.58	.042		2343.10		26.01
ANCILLARIES	32	0		82,526.06		.00	.000		2578.94		28.63
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	132	777		21,244.27		27.34	.270		160.94		7.37
MEDICAL	12	16		589.23		36.83	.006		49.10		.20
SURGERY	22	26		1,167.87		44.92	.009		53.09		.41
PATHOLOGY	73	282		3,759.54		13.33	.098		51.50		1.30
RADIOLOGY	32	38		2,650.32		69.75	.013		82.82		.92
ROOM USE	69	132		5,505.79		41.71	.046		79.79		1.91
CROSSOVERS/ALL OTH OUTPTNT	65	283		7,571.52		26.75	.098		116.48		2.63
@COUNTY HOSPITAL TOTAL	12	70	\$	2,473.58	\$	35.34	.024	\$	206.13	\$	.86
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	70		2,473.58		35.34	.024		206.13		.86
MEDICAL	2	2		51.19		25.60	.001		25.60		.02
SURGERY	3	5		190.35		38.07	.002		63.45		.07
PATHOLOGY	7	37		919.76		24.86	.013		131.39		.32
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	6	14		1,050.49		75.04	.005		175.08		.36
CROSSOVERS/ALL OTH OUTPTNT	8	12		261.79		21.82	.004		32.72		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDIT	URES M	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 14,883
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER 2,883 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 142 869 \$ 285.70 .301 \$ 1748.42 \$ 86.12 248,276.07 COMM HOSP INPATIENT TOTAL 33 162 229,505.38 1416.70 .056 6954.71 79.61 2 HSC HOSPITALS 40 72,000.00 1800.00 .014 36000.00 24.97 32 4922.04 NON-HSC HOSPITALS TOTAL 122 157,505.38 1291.03 .042 54.63 614.58 26.01 32 74,979.32 2343.10 ACCOMMODATIONS 122 .042 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

SONOMA COUNTY

ALL OTHER ACCOM	32	122		74,979.32	6	14.58	.042		2343.10		26.01
ANCILLARIES	32	0		82,526.06		.00	.000		2578.94		28.63
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	120	707		18,770.69		26.55	.245		156.42		6.51
MEDICAL	10	14		538.04		38.43	.005		53.80		.19
SURGERY	19	21		977.52		46.55	.007		51.45		.34
PATHOLOGY	66	245		2,839.78		11.59	.085		43.03		.99
RADIOLOGY	32	38		2,650.32		69.75	.013		82.82		.92
ROOM USE	63	118		4,455.30		37.76	.041		70.72		1.55
CROSSOVERS/ALL OTH OUTPINT	57	271		7,309.73		26.97	.094		128.24		2.54
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	118	268	\$	5,932.35		22.14	.093	\$	50.27	\$	2.06
PATHOLOGY	118	268		5,932.35		22.14	.093		50.27		2.06
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	275	1,251	\$	49,923.43		39.91	.434	\$	181.54	\$	17.32
CLINIC	235	1,136		41,331.69		36.38	.394		175.88		14.34
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	3	34		370.47		10.90	.012		123.49		.13
RURAL HEALTH CLINIC	37	81		8,221.27		01.50	.028		222.20		2.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES M	IONTH-OF-PAYMENT RI	EPORT F	OR JAN 2002	THRU	DEC	2002	PI	AGE 14,884
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FO	DR 73 MIN	IOR CO	NSENT AID CODES A	ID CODE	S /M 7P 7R				~-	

----- MONTHLY AVERAGE -----2,883 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 23 7,813.47 \$ 96.46 .028 \$ 339.72 \$ 2.71 @ALL OTHER PROVIDERS 81 \$ 0 .00 .000 .00 DURABLE MED. EQUIP. 0 .00 .00 .00 .000 .96 .021 .22.83 .021 .00 .00 .800.00 .0' .00 BLOOD BANK 0 0 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .00 61 MEDICAL TRANSPORTATION 3,169.78 1056.59 1.10 60 1,369.78 456.59 .48 AMBULANCES/AIR TRANS 0 .00 .00 OTHER TRANS .00 1,800.00 1800.00 1800.00 .62 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .00 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 GENETIC DISEASE TESTING 17 17 1,622.00 95.41 .006 95.41 .56

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	3	3,021.69	1007.23	.001	1007.23	1.05
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	76	\$ 77,820.48	\$ 1023.95	.026	\$ 15564.10	\$ 26.99
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,885 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

----- MONTHLY AVERAGE -----

SONOMA COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

### CTOTAL, ALL PROVIDERS						===== MON	ITLI AVERAG	E
POTAL, ALL PROVIDERS	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
PHYSICIANS SERVICES			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
OUTPATIENT VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOME VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OFFICE VISITS	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE  O O O O O O O O O O O O O O O O O O O	HOME VISITS	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <t< td=""><td>PREVENTIVE CARE</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
CRITICAL CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	CRITICAL CARE	0	0	.00	.00	.000	.00	.00
EXAMINATIONS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	EXAMINATIONS	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         <	SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON 0 0 0 0 0 00 00 000 000 000 000 000 0	INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         <	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
DIALYSIS       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
PATHOLOGY       0       0       .00       .00       .00       .00       .00         RADIOLOGY       0       0       .00       .00       .00       .00       .00       .00	ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	DIALYSIS	0	0	.00	.00	.000	.00	.00
	PATHOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	0	0		.00			.00
	PSYCHIATRY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF	F-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 14,886
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SONOMA COUNTY	SUMMARY OF SERVICES FOR	74 FOR	FUTURE USE					
						MON	ITHLY AVERAG	E

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

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DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

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OR DAYS OF CARE

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A CULT D O D D A CIMOD	0	0	Ċ	0.0	Ċ	0.0	000	÷ 00	Ċ 00
@CHIROPRACTOR	0	0	\$	.00	\$	.00		\$ .00	\$ .00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$ .00	\$ .00
NURSE ANESTHESIST	0	0	ب د	.00	\$	.00			
	0	•	ې د						
NURSE MIDWIFE	•	0	\$	.00	\$	.00		\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$	.00		\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	•								.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	
ROOM USE	0								.00
CROSSOVERS/ALL OTH OUTPTNT	· ·	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
	0	0							
ALL OTHER INPATIENT	•	•		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
	•	CES AND EXPENDITUR	ES MON		ZPORT F				PAGE 14,887
MOP024	FEE-FOR-SERVIC		LO MON		JI OIKI I	OI( 0111 200	32 IIII(0 D	LC 2002	01/17/03
SONOMA COUNTY		VICES FOR 74 FOR 3	במוחווסם	HEE					01/1//05
DONORIA COUNTI	POLIMENT OF SEK	VICED FOR /4 FOR .	TOTOVE	ODE			\_	עייינוע אוחייוע	CF
00 51 50 50 50		IDITED OF CERTIFICA			71				GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER	COST PER
	_	OR DAYS OF CARE				NIT/DAY I	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	Ş	.00	\$	.00	.000	\$ .00	\$ .00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	EPOR1	FOR JAN 2	2002 THRU I	DEC	2002	P	AGE 14,888
MOP024	FEE-FOR-SERVICE										01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTU	RE USE							
							MC	NTF	ILY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5 (			COST PER
_		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,889
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

			 ,				
					MO1	NTHLY AVERA	GE
471 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	225	2,156	\$ 77,153.22	\$ 35.79	4.577	\$ 342.90	\$ 163.81
@PHYSICIANS SERVICES	70	136	\$ 4,942.17		.289	\$ 70.60	\$ 10.49
OUTPATIENT VISITS	43	61	2,320.92	38.05	.130	53.97	4.93
OFFICE VISITS	33	43	1,444.76	33.60	.091	43.78	3.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	18	876.16	48.68	.038	54.76	1.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	198.39	39.68	.011	39.68	.42
EXAMINATIONS	5	5	198.39	39.68	.011	39.68	.42
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	6	7	897.86	128.27	.015	149.64	1.91
PRINCIPAL SURGEON	6	7	897.86	128.27	.015	149.64	1.91

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.000		.00		.00
DIALYSIS	0	0		.00		.00		.000		.00		.00
PATHOLOGY	5	11		458.71		41.70		.023		91.74		.97
RADIOLOGY	12	14		257.21		18.37		.030		21.43		.55
PSYCHIATRY	0	0		.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	9	13		274.90		21.15		.028		30.54		.58
OTHER SERVICES/ALL X-OVERS	10	25		534.18		21.37		.053		53.42		1.13
@PHARMACY	148	1,044	\$	50,878.19	\$	48.73	2	.217	\$	343.77	\$	108.02
PRESCRIPTION DRUGS	148	602		48,659.97		80.83	1	.278		328.78		103.31
SNF/ICF	0	0		.00		.00		.000		.00		.00
OUTPATIENTS	148	602		48,659.97		80.83	1	.278		328.78		103.31
MEDICAL SUPPLIES	15	442		2,218.22		5.02		.938		147.88		4.71
@DENTIST	16	64	\$	3,138.19	\$	49.03		.136	\$	196.14	\$	6.66
VISITS - DIAGNOSTIC	12	45		610.94		13.58		.096		50.91		1.30
ORAL SURGERY	1	2		92.25		46.13		.004		92.25		.20
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	3	10		495.00		49.50		.021		165.00		1.05
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	4	7		1,940.00	2	77.14		.015		485.00		4.12
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES M	MONTH-OF-PAYMENT RE	EPORT F	OR JAN	2002	THRU	DEC	2002	PA	AGE 14,890

MOP024 FEE-FOR-SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

------ MONTHLY AVERAGE ------

----- MONTHLY AVERAGE -----471 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 387.21 \$ 27.66 .030 \$ 64.54 \$ .82 @OPTOMETRIST 14 5 211.94 42.39 .011 52.99 DIAGNOSTIC AND ANC. PROCED .45 EYE APPLIANCES .37 OTHER OPTOMETRIC SERVICES .00 @CHIROPRACTOR .32 VISITS .32 OTHER SERVICES 0 .00 .39 @PODIATRIST .29 MEDICINE/INJECTIONS SURGERY/ANES. .10 .00 RADIO./PATHOLOGY .00 0 .00 .000 .00 .00 OTHER 0 .00 @HOME HEALTH AGENCY .00 \$ .000 \$ .00 \$ .00 .00 \$ NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 .00 \$ .00 .000 \$ .00 \$ NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 \$ .00 .000 \$ .00 \$ .00 \$ .00 .000 \$
7,954.37 \$ 28.31 .597 \$
1,154.93 .1154.93 .002
.00 .00 .000
1,154.93 .1154.93 .002
597.78 597.78 .002 0 .00 FAMILY NURSE PRACTITIONER .000 \$ .00 \$ 55 7,954.37 @TOTAL HOSPITAL 281 .597 \$ 144.62 \$ 16.89 1154.93 HOSP INPATIENT TOTAL HSC HOSPITALS 0 0 .00 .00 1154.93 NON-HSC HOSPITAL TOTAL 2.45 ACCOMMODATIONS 597.78 1.27

TRANSITIONAL FE CARE  0 0 0 0 00 00 00 00 00 00 00 00 00 00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 1 1 1 0 597.78 597.78 0.02 597.78 1.27 ANCILLARIES 1 0 0 557.15 0.00 0.00 557.15 1.18 INPATIENT CROSSOVERS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 ALL OTHER INPATIENT 0 0 0 0 0.00 0.00 0.00 0.00 0.00 HOSP OUTPATIENT TOTAL 55 280 6,799.44 24.28 594 123.63 14.44 MEDICAL 25 42 1,433.53 34.13 0.89 57.34 3.04 SURGERY 5 5 5 142.77 28.55 0.11 28.55 3.00 PATHOLOGY 24 130 1,359.46 10.46 2.76 56.64 2.89 RADIOLOGY 12 14 984.62 70.33 0.30 82.05 2.09 RADIOLOGY 12 14 984.62 70.33 0.30 82.05 2.09 RADIOLOGY 12 14 984.62 70.33 0.30 82.05 2.09 CCOSSOVERS/ALL OTH OUTPINT 17 33 816.08 24.73 0.70 48.00 1.73 CCOSSOVERS/ALL INPATIENT TOTAL 0 0 \$ 0.00 0.00 0.00 0.00 HSC HOSPITALS INPATIENT TOTAL 0 0 0 \$ 0.00 0.00 0.00 0.00 ACCOMMODATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 ACCOMMODATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 ACCOMMODATIONS 0 0 0 0.00 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 AMINISTRATIVE DAYS 0 0 0 0.00 0.00 0.00 0.00 0.00 AMINISTRATIVE CROSSOVERS 0 0 0 0 0.00 0.00 0.00 0.00 0.00 AMILIARIES 0 0 0 0 0.00 0.00 0.00 0.00 0.00 ALL OTHER INPATIENT 0 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00 ALL OTHER INPATIENT 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00  ALL OTHER INPATIENT 0 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00  TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00		0	0					
ANCILLARIES 1 0 557.15 .00 .000 557.15 1.18 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 55 280 6,799.44 24.28 .594 123.63 14.44 MEDICAL 25 42 1,433.53 34.13 .089 57.34 3.04 SURGERY 5 5 5 142.77 28.55 .011 28.55 .30 PATHOLOGY 12 14 984.62 70.33 .030 82.05 2.09 RADIOLOGY 12 14 984.62 70.33 .030 82.05 2.09 RADIOLOGY 12 14 984.62 70.33 .030 82.05 2.09 ROOM USE 37 56 2,062.98 36.84 .119 55.76 4.38 CROSSOVERS/ALL OTH OUTPINT 17 33 816.08 24.73 .070 48.00 1.73 8COUNTY HOSPITAL TOTAL 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 ANDINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 ANILDARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANILDARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANILDARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANILDARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ALI OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 .00 BUBICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		1	1					
INPATIENT CROSSOVERS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	1	0					
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
HOSP OUTPATIENT TOTAL		0	0					
MEDICAL         25         42         1,433.53         34.13         .089         57.34         3.04           SURGERY         5         5         142.77         28.55         .011         28.55         .30           PATHOLOGY         24         130         1,359.46         10.46         .276         56.64         2.89           RADIOLOGY         12         14         984.62         70.33         .030         82.05         2.09           ROOM USE         37         56         2,662.98         36.84         .119         55.76         4.38           CROSSOVERS/ALL OTH OUTPTNT         17         33         816.08         24.73         .070         48.00         1.73           QCOUNTY HOSPITAL TOTAL         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	HOSP OUTPATIENT TOTAL	55	280	6,799.44	24.28	.594	123.63	14.44
SURGERY 5 5 5 142.77 28.55 .011 28.55 .30 PATHOLOGY 24 130 1,359.46 10.46 .276 56.64 2.89 RADIOLOGY 12 14 984.62 70.33 .030 82.05 2.09 ROOM USE 37 56 2,062.98 36.84 .119 55.76 4.38 CROSSOVERS/ALL OTH OUTPINT 17 33 816.08 24.73 .070 48.00 1.73 @COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 0 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 0 0 0 0 .00 .00 .00 .00 .00 .00 ROOM USE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MEDICAL	25	42			.089	57.34	3.04
RADIOLOGY 12 14 984.62 70.33 .030 82.05 2.09 ROOM USE 37 56 2,062.98 36.84 .119 55.76 4.38 CROSSOVERS/ALL OTH OUTPTNT 17 33 816.08 24.73 .070 48.00 1.73 (COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$	SURGERY	5	5			.011	28.55	.30
RADIOLOGY 12 14 984.62 70.33 .030 82.05 2.09 ROOM USE 37 56 2,062.98 36.84 .119 55.76 4.38 CROSSOVERS/ALL OTH OUTPTNT 17 33 816.08 24.73 .070 48.00 1.73 (COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$	PATHOLOGY	24	130	1,359.46	10.46	.276	56.64	2.89
CROSSOVERS/ALL OTH OUTPINT 17 33 816.08 24.73 .070 48.00 1.73 @COUNTY HOSPITAL TOTAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00  CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00  HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00  NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00  ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00  TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00  ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00  ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00  INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00  ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00  CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00  SURGERY 0 0 0 .00 .00 .00 .00 .00 .00  PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  ROOM USE .00 .00 .00 .00 .00 .00 .00 .00  CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00  CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	12	14			.030	82.05	2.09
CROSSOVERS/ALL OTH OUTPINT 17 33 816.08 24.73 .070 48.00 1.73 @COUNTY HOSPITAL TOTAL 0 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00  CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00  HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00  NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00  ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00  TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00  ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00  ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00  INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00  ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00  CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00  SURGERY 0 0 0 .00 .00 .00 .00 .00 .00  PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00  ROOM USE .00 .00 .00 .00 .00 .00 .00 .00  CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00  CROSSOVERS/ALL OTH OUTPINT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ROOM USE	37	56	2,062.98	36.84	.119	55.76	4.38
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CROSSOVERS/ALL OTH OUTPTNT	17	33			.070	48.00	1.73
HSC HOSPITALS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .	@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NON-HSC HOSPITALS TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td>CO HOSP OUTPATIENT TOTAL</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
PATHOLOGY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 </td <td></td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td></td> <td>.00</td> <td></td>		0	0	.00	.00		.00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
ROOM USE       0       0       .00       .00       .00       .00       .00       .00       .00         CROSSOVERS/ALL OTH OUTPINT       0       0       .00       .00       .00       .00       .00       .00	PATHOLOGY	0	0			.000		
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00	RADIOLOGY	0	0	.00	.00			
		0	0					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,891		0	0					
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 14,891

SONOMA COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

BONOINI COONII	BOHRING OF BEIN	TODO TOR 79 BBT	111 1	ELLE/ NEDC		TITE CODED	011	ONTER!		<b>с</b> п	
471 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	HCEDC	IINITE OF CERVIC		EXPENDITURES	7/17/27	DACE COCT	UNITS/DAY				COST PER
4/I ELIGIBLES	OSERS	OP DAVE OF CAR	<u>.</u>	EXFERDITORES							ELIGIBLE
ACOMMINITY HOSDITAL TOTAL	5.5	OR DAIS OF CAR	Ľ Ć	7,954.37 1,154.93 .00 1,154.93 597.78 .00 .00 597.78 557.15 .00 .00 6,799.44 1,433.53 142.77 1,359.46 984.62 2,062.98 816.08	¢ LEV	. UNII/DAI 20 31	FER ELIG	Ċ	144.62	Ċ	
COMM HOSE INDATIFAT TOTAL	1	201	Y	7,954.37 1,154.93	Y	115/ 03	002	Y	1154.93	Y	2.45
UCC UCCDITATE	Ū	0		1,134.93		1134.93	.002		1134.93		.00
NON HEC HORDINALS MOMAI	1	1		1 154 02		1154 02	.000		1154 02		2.45
NON-HSC HOSPITALS TOTAL	1	1		1,154.93		1134.93	.002		1134.93		1.27
ACCOMMODATIONS	1	1		397.78		397.78	.002		397.78		
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		597.78		597.78	.002		597.78		1.27 1.18
ANCILLARIES	1	U		55/.15		.00	.000		55/.15		1.18
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	55	280		6,799.44		24.28	.594		123.63		14.44
MEDICAL	25	42		1,433.53		34.13	.089		57.34		3.04
SURGERY	5	5 130		142.77		28.55	.011		28.55		.30
PATHOLOGY	24	130		1,359.46		10.46	.276		56.64		2.89
		14		984.62		70.33	.030		82.05		2.09
ROOM USE	37	56		2,062.98		36.84	.119		55.76		4.38
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	17	130 14 56 33 0		816.08		24.73	.070		48.00		1.73
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	·	.00		.00	.000		.00	·	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0 0 0 0	0	\$	.00	\$	.00	.000	Ġ	.00	Ś	.00
	0	0	۲	.00	٧	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICE DDM/DDCM	0	0		.00		.00	.000		.00		.00
ALEMODIAL VOIC MOMAI	0	0	Ś	.00	\$	.00	.000	ċ	.00	ċ	.00
GUEMODIALISIS IOIAL	0	0	Ą	.00	Ą	.00	.000	ې	.00	Ą	.00
HEMODIALIZATE GENEED	0	0		.00		.00	.000		.00		.00
ICF DDH ICF DD ICF DDN/DDCN  @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER  @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY  @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0 113 0 113 47 47 0 58 16 0	÷	1,319.14	\$		.240	ċ		ċ	2.80
GREHABILITATION FACILITY	4	113	Ş	1,319.14				Ş		Ą	
HOSPITAL BASED	U	112		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	4	113	<b>~</b>	1,319.14		11.67	.240			<u> </u>	2.80
@LABORATORY FACILITY	22	4 /	\$	734.75	\$	15.63			33.40	\$	
PA'I'HOLOGY	22	4 /		734.75		15.63	.100				1.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	58	Ş	4,913.55					181.98		10.43
		16		243.33		15.21	.034		121.67		.52
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	42		4,670.22		111.20	.089		186.81		9.92
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 14,892
MOP024	FEE-FOR-SERVICE	I/DENTAL									01/17/03
MOP024 SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 75 SSI	APF	PEAL/NLDC		AID CODES	6N				
							M				
471 FITCIDIES	HOEDO	INTERC OF CERTIFOR		EXPENDIBLE	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DAGE GOOD	TINTERO / DAY		COCH DED		COOM DED

471 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	26	383	\$ 2,551.55	\$ 6.66	.813	\$ 98.14	\$ 5.42
DURABLE MED. EQUIP.	3	4	154.12	38.53	.008	51.37	.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	72	1,027.29	14.27	.153	128.41	2.18
AMBULANCES/AIR TRANS	6	67	873.34	13.03	.142	145.56	1.85
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	5	153.95	30.79	.011	76.98	.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.002	105.00	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	146.06	12.17	.025	29.21	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	7	631.31	90.19	.015	631.31	1.34
PROSTHETICS	1	7	631.31	90.19	.015	631.31	1.34
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	99.07	49.54	.004	49.54	.21
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	35	260.03	7.43	.074	52.01	.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	250	128.67	.51	.531	128.67	.27
@CALIF. CHILDREN SERVICES*	12	157	\$ 7,412.09	\$ 47.21	.333	\$ 617.67	\$ 15.74
@XOVER EXCLUDING STATE HOSP**	8	20	\$ 646.09	\$ 32.30	.042	\$ 80.76	\$ 1.37

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,893
MOP024 FEE-FOR-SERVICE/DENTAL
SONOMA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

					MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
254,482	4,158,574	\$	297,381,070.23	\$ 71.51	9.083	\$ 1168.57	\$ 649.54
62 <b>,</b> 459	189 <b>,</b> 786	\$	8,424,511.34	\$ 44.39	.415	\$ 134.88	\$ 18.40
32,264	45 <b>,</b> 735		1,641,094.06	35.88	.100	50.86	3.58
19 <b>,</b> 587	26 <b>,</b> 207		798,374.22	30.46	.057	40.76	1.74
118	168		9,093.24	54.13	.000	77.06	.02
12,198	14,809		654,142.62	44.17	.032	53.63	1.43
473	481		18,629.93	38.73	.001	39.39	.04
1,182	3,614		141,236.09	39.08	.008	119.49	.31
385	456		19,617.96	43.02	.001	50.96	.04
4,522	18,324		1,163,876.70	63.52	.040	257.38	2.54
3 <b>,</b> 935	13,223		593,972.91	44.92	.029	150.95	1.30
618	3 <b>,</b> 652		525,138.48	143.79	.008	849.74	1.15
396	1,449		44,765.31	30.89	.003	113.04	.10
978	1,133		51,073.88	45.08	.002	52.22	.11
949	1,104		50,728.99	45.95	.002	53.46	.11
29	29		344.89	11.89	.000	11.89	.00
	254,482 62,459 32,264 19,587 118 12,198 473 1,182 385 4,522 3,935 618 396 978 949	OR DAYS OF CARS  254,482	OR DAYS OF CARE  254,482	OR DAYS OF CARE  254,482	OR DAYS OF CARE  254,482 4,158,574 \$ 297,381,070.23 \$ 71.51 62,459 189,786 \$ 8,424,511.34 \$ 44.39 32,264 45,735 1,641,094.06 35.88 19,587 26,207 798,374.22 30.46 118 168 9,093.24 54.13 12,198 14,809 654,142.62 44.17 473 481 18,629.93 38.73 1,182 3,614 141,236.09 39.08 385 456 19,617.96 43.02 4,522 18,324 1,163,876.70 63.52 3,935 13,223 593,972.91 44.92 618 3,652 525,138.48 143.79 396 1,449 44,765.31 30.89 978 1,133 51,073.88 45.08	USERS UNITS OF SERVICE OR DAYS OF CARE  254,482	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           254,482         4,158,574         \$ 297,381,070.23         \$ 71.51         9.083         \$ 1168.57           62,459         189,786         \$ 8,424,511.34         \$ 44.39         .415         \$ 134.88           32,264         45,735         1,641,094.06         35.88         .100         50.86           19,587         26,207         798,374.22         30.46         .057         40.76           118         168         9,093.24         54.13         .000         77.06           12,198         14,809         654,142.62         44.17         .032         53.63           473         481         18,629.93         38.73         .001         39.39           1,182         3,614         141,236.09         39.08         .008         119.49           385         456         19,617.96         43.02         .001         50.96           4,522         18,324         1,163,876.70         63.52         .040         257.38           3,935         13,223         593,972.91         44.92         .029         150.95           618         3,652         525,138.48         143.79

INPATIENT HOSPITAL SURGERY	3 <b>,</b> 678	17 <b>,</b> 855		1,717,739.83	96	.20	.039		467.03		3.75
PRINCIPAL SURGEON	2,469	2,958		1,368,130.38	462	.52	.006		554.12		2.99
ASSISTANT SURGEON	276	293		51,709.85	176		.001		187.35		.11
ANESTHESIOLOGIST	1,420	14,604		297,899.60	20	40	.032		209.79		.65
OUTPATIENT SURGERY	4,149	10,767		758,925.68	70	40	.024		182.92		1.66
PRINCIPAL SURGEON	3,303	4,356		606,355.57	139	. 20	.010		183.58		1.32
ASSISTANT SURGEON	42	42		4,290.51	102	16	.000		102.16		.01
ANESTHESIOLOGIST	1,051	6,369		148,279.60	23	. 28	.014		141.08		.32
DIALYSIS	220	534		65,663.91	122	97	.001		298.47		.14
PATHOLOGY	5,453	10,080		163,352.91	16	21	.022		29.96		.36
RADIOLOGY	13,588	21,642		818,384.42	37	81	.047		60.23		1.79
PSYCHIATRY	17	20		592.55	29	81	.000		34.86		.00
IMMUNIZATION AND INJECTION	1,190	9,788		695,908.14		10	.021		584.80		1.52
OTHER SERVICES/ALL X-OVERS	1 ( 0 0 7	F2.000		1,347,899.26		.00	.118		80.20		2.94
@PHARMACY	146,029	1,051,923	\$	40,814,324.12		80	2.298	Ś		Ś	89.15
PRESCRIPTION DRUGS	144,312	526,298	т	39,392,241.21		85	1.150	т.	272.97	-	86.04
SNF/ICF	10,327	63,134		3,895,496.04			.138		377.21		8.51
OUTPATIENTS	134,407			35,496,745.17			1.012		264.10		77.53
MEDICAL SUPPLIES	9,314	463,164 525,625		1,422,082.91	76 2	71	1.148		152.68		3.11
@DENTIST	21,044	90,754	\$	3,414,896.63	\$ 37	63		Ś	162.27	Ś	7.46
VISITS - DIAGNOSTIC	15,021	56,900	т	870,106.80	15			Τ	57.93	Τ.	1.90
ORAL SURGERY	2,852	7,066		402,325.81	56	.29 .94	.015		141.07		.88
DRUGS	127	149		2,217.72	14	88	.000		17.46		.00
ANESTHESIA	217	223		19,221.84	0.0	$^{\circ}$	000		88.58		.04
PERIODONTICS	621	789		126,894.00	160	83	.002		204 34		
ENDODONTICS	1,304	2,307		286,329.50	124	83	.005		204.34 219.58 178.37		.63
RESTORATIVE DENTISTRY	7,049	19,220		1,257,363.55	65				178.37		2.75
PROSTHETICS	117	121		3,020.60	24	96	.000		25.82		.01
DENTURES, STAYPLATES	1,066	3,005		376,135.94	125	17	.007		352 85		.82
SPACE MAINTAINERS	139	170		18,251.51	107	.17 .36	.000		131.31		.04
MAXILLOFACIAL SERVICES	56	70		8,138.11	116	26	000		145.32		.02
FRACTURES, DISLOCATIONS	5	6		4,590.00	765	.00	.000		918.00		.01
ORTHODONTIC SERVICES	392	613		39,901.95	65	.09	.001		101.79		.09
ALL OTHER SERVICES	84	115		399.30		47	.000		4.75		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S Mo					DEC		P7	AGE 14,894
MOP024	FEE-FOR-SERVICE			01,111 01 11111111111111111111111111111		01111			2002		01/17/03
SONOMA COUNTY		ICES FOR 80 TOTAL	CEI	RTTFTED							01/1//03
SONOIMI GOOMII	DOILING OF DELC	71000 1010 00 101111	. 01.				M	ОИТЕ	HLY AVERA	GE -	
457,833 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAY			-	COST PER
,		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5,132	15,009	\$	329,982.90		.99	.033				.72
DIAGNOSTIC AND ANC. PROCED	2,461	2,542	,	115,670.24		50	.006		47.00		.25
EYE APPLIANCES	3,861	11,513		178,325.59	15		.025		46.19		.39

457,833 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAY PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5,132	15,009	\$ 329,982.90	\$ 21.99	.033	64.30	\$ .72
DIAGNOSTIC AND ANC. PROCED	2,461	2,542	115,670.24	45.50	.006	47.00	.25
EYE APPLIANCES	3,861	11,513	178,325.59	15.49	.025	46.19	.39
OTHER OPTOMETRIC SERVICES	689	954	35,987.07	37.72	.002	52.23	.08
@CHIROPRACTOR	621	1,236	\$ 20,436.15	\$ 16.53	.003	\$ 32.91	\$ .04
VISITS	596	1,198	19,861.27	16.58	.003	33.32	.04
OTHER SERVICES	26	38	574.88	15.13	.000	22.11	.00
@PODIATRIST	2,771	5,307	\$ 53,459.46	\$ 10.07	.012	\$ 19.29	\$ .12
MEDICINE/INJECTIONS	410	502	13,512.54	26.92	.001	32.96	.03
SURGERY/ANES.	107	167	5,195.96	31.11	.000	48.56	.01
RADIO./PATHOLOGY	36	49	904.78	18.46	.000	25.13	.00
OTHER	2,321	4,589	33,846.18	7.38	.010	14.58	.07
@HOME HEALTH AGENCY	1,280	45,642	\$ 1,580,753.09	\$ 34.63	.100	\$ 1234.96	\$ 3.45
NURSE ANESTHESIST	17	145	\$ 1,236.20	\$ 8.53	.000	\$ 72.72	\$ .00
NURSE MIDWIFE	2,095	20,823	\$ 519,753.50	\$ 24.96	.045	\$ 248.09	\$ 1.14
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 40.00	\$ 40.00	.000	\$ 40.00	\$ .00

FAMILY NURSE PRACTITIONER	15	28 Ş	646.79		.000 \$		
@TOTAL HOSPITAL	59 <b>,</b> 720	268 <b>,</b> 864 \$	44,767,434.03	\$ 166.51	.587 \$	749.62	\$ 97.78
HOSP INPATIENT TOTAL	5,326	29,739	37,992,446.21	1277.53 1517.25 1781.03	.065	7133.39	82.98
HSC HOSPITALS	398	3,054	4,633,691.32	1517 25	.007	11642.44	10.12
NON-HSC HOSPITAL TOTAL	3 <b>,</b> 853	18,188	32,393,336.03	1277.53 1517.25 1781.03	.040	8407.30	70.75
ACCOMMODATIONS	3,000	18,188	12,057,957.85	662 96	.040	3144.19	26.34
	3,835 141	1,504	320,032.04	662.96 212.79	.003	2269.73	.70
ADMINISTRATIVE DAYS	141			212.79	.003		
TRANSITIONAL IP CARE	0	0	780.28	.00	.000	.00	.00
ALL OTHER ACCOM	3,761	16,684	11,737,145.53 20,335,378.18	703.50	.036	3120.75	25.64
ANCILLARIES	3,848			.00	.000	5284.66	44.42
INPATIENT CROSSOVERS	1,108	8,497	965,419.15	113.62	.019	871.32	2.11
ALL OTHER INPATIENT	2	0	.29CR		.000	.15CR	.00
HOSP OUTPATIENT TOTAL	56,607	239,125	6,774,987.82	28.33	.522	119.68	14.80
MEDICAL	17,166	24,478	890,250.90	36.37 43.64	.053	51.86	1.94
SURGERY	4,178	5,153	224 853 05	43.64	.011	53.82	.49
PATHOLOGY	17,718	62,901	778,351.71	12.37 73.00 38.53	137	43.93	1.70
RADIOLOGY	11,641	15,487	1,130,619.48	73 00	.137 .034 .106	97.12	2.47
ROOM USE	33,565	48,324	1,861,784.39	75.00	106	55.47	4.07
	33,303	40,324	1,001,704.39	20.33	101	70.47	4.13
CROSSOVERS/ALL OTH OUTPTNT	24,686	82,782 962 \$ 117 102	1,889,128.29 155,733.75	22.82	.181	76.53	
@COUNTY HOSPITAL TOTAL	202	962 \$	155,/33./5	\$ 161.89	.002 \$	770.96	
CO HOSPITAL INPATIENT TOTAL	22	117	132,499.17	1132.47 1202.76 2251.52	.000	6022.69	.29
HSC HOSPITALS	21	102	122,681.08	1202.76	.000	5841.96	.27
NON-HSC HOSPITALS TOTAL	1	102 4 4	9,006.09	2251.52		9006.09	.02
ACCOMMODATIONS	1	4	5,107.59	1276.90	.000	5107.59	.01
ADMINISTRATIVE DAYS	0	0	292.41CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	4	5,400.00	1350.00	.000	5400.00	.01
ANCILLARIES	1	0	5,400.00 3,898.50	.00	.000	3898.50	.01
INPATIENT CROSSOVERS	1	4 4 0 0 4 0 11	812.00	73.82	.000	812.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	$\cap \cap \cap$	$\cap \cap$	.00
	183	845		27.50	.002	126.96	.05
MEDICAL	52	73	2,633.93	36.08	.000	50.65	.01
SURGERY	39	73 56	1,758.95	36.08 31.41	.000	50.65 45.10	.00
	73	265	1,750.95	31.41	.000	43.10	.00
PATHOLOGY	/3	265	4,956.35	18.70 48.44	.001	67.90 106.57	.01
RADIOLOGY	20	44	2,131.48	48.44	.000	106.57	.00
ROOM USE	91	146	7,086.30	48.54	.000	77.87	.02
CROSSOVERS/ALL OTH OUTPINT		261	4,667.57	17.88		46.21	.01
		ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 14,895
MOP024	FEE-FOR-SERVICE						01/17/03
SONOMA COUNTY	SUMMARY OF SERV	ICES FOR 80 TOTAL CE	RTIFIED				
					MON'		E
457,833 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	59,555	267,902 \$	44,611,700.28	\$ 166.52	.585 \$	749.08	\$ 97.44
COMM HOSP INPATIENT TOTAL	5,304	29,622	37,859,947.04	1278.10	.065	7138.00	82.69
HSC HOSPITALS	377	2,952	4,511,010.24	1528.12	.006	11965.54	9.85
NON-HSC HOSPITALS TOTAL	3,852	18,184	32,384,329.94	1780.92	.040	8407.15	70.73
ACCOMMODATIONS	3,834	18,184	12,052,850.26	662.83	.040	3143.68	26.33
ADMINISTRATIVE DAYS	141	1,504	320,324.45	212.98	.003	2271.80	.70
	0	1,304	780.28				
TRANSITIONAL IP CARE				.00	.000	.00	.00
ALL OTHER ACCOM	3,760	16,680	11,731,745.53	703.34	.036	3120.15	25.62
ANCILLARIES	3,847	0	20,331,479.68	.00	.000	5285.02	44.41
INPATIENT CROSSOVERS	1,107	8,486	964,607.15	113.67	.019	871.37	2.11
ALL OTHER INPATIENT	2	0	.29CR		.000	.15CR	
COMM HOSP OUTPATIENT TOTAL	56,459	238,280	6,751,753.24	28.34	.520	119.59	14.75
MEDICAL	17,118	24,405	887,616.97	36.37	.053	51.85	1.94

28 \$ 646.79 \$ 23.10 .000 \$ 43.12 \$

36.37

51.85

.053

1.94

887,616.97

.00

15

17,118

24,405

FAMILY NURSE PRACTITIONER

MEDICAL

SURGERY	4,139	5,097	223,094.10	43.77	.011		53.90	.49
PATHOLOGY	17,651	62,636	773,395.36	12.35	.137		43.82	1.69
RADIOLOGY	11,624	15,443	1,128,488.00	73.07	.034		97.08	2.46
ROOM USE	33,489	48,178	1,854,698.09	38.50	.105		55.38	4.05
CROSSOVERS/ALL OTH OUTPINT	24,592	82,521	1,884,460.72	22.84	.180		76.63	4.12
@STATE HOSPITAL	10,091	321,706	\$ 139,974,673.40	\$ 435.10	.703	\$ 1	13871.24	\$ 305.73
MENTALLY ILL	. 0	. 0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	10,091	321,706	139,974,673.40	435.10	.703	1	13871.24	305.73
@NURSING FACILITY	10,503	329,084	\$ 32,440,888.85	\$ 98.58	.719	\$	3088.73	\$ 70.86
LEV A-INTERMEDIATE	7	266	25,763.82	96.86	.001		3680.55	.06
LEV B-REHAB MD	549	20,200	2,229,414.44	110.37	.044		4060.86	4.87
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	57	1,834	924,420.09	504.05	.004	1	16217.90	2.02
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	9,900	306,784	29,261,290.50	95.38	.670		2955.69	63.91
@INTERMEDIATE CARE FACILDD	1,529	47,613	\$ 7,144,193.18	\$ 150.05	.104	\$	4672.46	\$ 15.60
ICF DDH	1,076	33,760	4,537,584.06	134.41	.074		4217.09	9.91
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	454	13,853	2,606,609.12	188.16	.030		5741.43	5.69
@HEMODIALYSIS TOTAL	985	16,298	\$ 1,053,982.17	\$ 64.67	.036	\$	1070.03	\$ 2.30
HOSPITAL BASED	6	153	61,952.40	404.92	.000	1	10325.40	.14
HEMODIALYSIS CENTER	979	16,145	992,029.77	61.45	.035		1013.31	2.17
@REHABILITATION FACILITY	495	8,864	\$ 119,311.49	\$ 13.46	.019	\$	241.03	\$ .26
HOSPITAL BASED	26	81	3,121.46	38.54	.000		120.06	.01
INDEPENDENT FACILITY	469	8,783	116,190.03	13.23	.019		247.74	.25
@LABORATORY FACILITY	18,029	54,709	\$ 886,664.66	\$ 16.21	.119	\$	49.18	\$ 1.94
PATHOLOGY	17 <b>,</b> 999	54 <b>,</b> 653	885 <b>,</b> 923.62	16.21	.119		49.22	1.94
XO AND OTHERS	30	56	741.04	13.23	.000		24.70	.00
@ORGANIZED OUTPATIENT CLINIC	44 <b>,</b> 572	94,978	\$ 7,592,905.82	\$ 79.94	.207	\$	170.35	\$ 16.58
CLINIC	6,230	25 <b>,</b> 076	730,081.99	29.11	.055		117.19	1.59
SURGICENTER	382	927	78 <b>,</b> 116.68	84.27	.002		204.49	.17
HEROIN DETOX CLINIC	74	1,040	12,449.59	11.97	.002		168.24	.03

RURAL HEALTH CLINIC 38,155 67,935 6,772,257.56 99.69 .148 177.49 14.79
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 14,896
MOPD 24 FEE-FOR-SERVICE/DENTAL 01/17/03

SONOMA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

DONOILI COONII	BOILDING OF BEIN	. 1010 1010 00 1011	111 CI			140		GB.
457 022 BITCIDIBO	HORDO	INITES OF SERVICE	_	DVDENDIBUDES	717ED 7 CE COOM			GE
457,833 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
All office provided	21 010	OR DAYS OF CAR		0 040 017 40	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	31,819	1,595,802	\$	8,240,917.49	\$ 5.16	3.486	•	
DURABLE MED. EQUIP.	2,777	12,415		1,737,520.39	139.95	.027	625.68	3.80
BLOOD BANK	2	529		2,119.00	4.01	.001	1059.50	.00
HEARING AID DISPENSERS	252	414		71,324.84	172.28	.001	283.04	.16
MEDICAL TRANSPORTATION	5,484	187 <b>,</b> 252		1,157,315.36	6.18	.409	211.03	
AMBULANCES/AIR TRANS	2,386	29 <b>,</b> 882		456 <b>,</b> 392.06	15.27	.065	191.28	
OTHER TRANS	1,444	140,087		487 <b>,</b> 150.02	3.48	.306	337.36	1.06
OTHER SERVICES	1,846	17 <b>,</b> 283		213,773.28	12.37	.038	115.80	.47
ACUPUNCTURE	282	758		12,854.23	16.96	.002	45.58	.03
ADULT DAY HEALTH CARE CTR	537	5,861		389,841.43	66.51	.013	725.96	.85
GENETIC DISEASE TESTING	1,785	1,801		146,238.50	81.20	.004	81.93	.32
IHMC, MODEL-NF, NF, AIDS, MSSP	2,282	44,764		1,853,909.16	41.42	.098	812.41	4.05
OCCUPATIONAL THERAPIST	4	70		971.33	13.88	.000	242.83	.00
OPTICIAN	5,368	12,474		147,289.85	11.81	.027	27.44	.32
PHYSICAL THERAPIST	370	2,507		45,723.21	18.24	.005	123.58	.10
PORTABLE X-RAY	55	98		874.14	8.92	.000	15.89	.00
PROSTHETIST/ORTHOTISTS	532	1,536		184,071.92	119.84	.003	346.00	.40
PROSTHETICS	358	1,333		167,583.79	125.72	.003	468.11	.37
ORTHOTICS	191	203		16,488.13	81.22	.000	86.33	.04
PSYCHOLOGIST	363	881		22,868.34	25.96	.002	63.00	.05
SPEECH AND AUDIOLOGY	1,556	5,121		269,896.13	52.70	.011	173.46	.59
HOSPICE SERVICES	348	9,090		980,460.04	107.86	.020	2817.41	2.14
NONINST BIRTHING CENTERS	53	53		50,901.50	960.41	.000	960.41	.11
LOCAL EDUCATION AGENCIES	5,954	64,135		553,521.94	8.63	.140	92.97	1.21
EPSDT SUPPLEMENTAL SERVICE	9	73		2,567.14	35.17	.000	285.24	.01
RESPIRATORY CARE PRACT.	2	2		58.96	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6,884	1,245,970		610,649.04	.49	2.721	88.71	1.33
@CALIF. CHILDREN SERVICES*	3,036	62,968	\$	7,888,871.32		.138		
@XOVER EXCLUDING STATE HOSP**	•	688 <b>,</b> 759	\$		\$ 6.06	1.504		·
GVOATI TVOTODING DIVIE HODI	20,001	300,733	7	1,175,401.24	0.00	1.504	133.37	7 7.12

 $<sup>\</sup>ensuremath{\mathbb{G}}^{\star}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.